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A Survey of INDUSTRIAL MEDICAL CARE in The State of Maryland

MARYLAND STATE PLANNING COMMISSION
JULY 1950

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A SURVEY OF
INDUSTRIAL MEDICAL CARE IN THE STATE OF MARYLAND

MARYLAND STATE PLANNING COMMISSION

JULY 1950

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Baltimore 2, Maryland

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Director

July 25, 1950

Mr. John B. Funk, Acting Chairman
Maryland State Planning Commission
Baltimore, Maryland

Dear Mr. Funk:

I am pleased to transmit herewith a study of the Commission's staff entitled "A Survey of Industrial Medical Care in the State of Maryland."

In conjunction with the Brookings Institution, the Maryland State Planning Commission undertook the present survey in order to make an evaluation of industrial medical care in the State. Certainly, industrial medical care is part of the general picture of available medical facilities and services in Maryland and inasmuch as an overall evaluation of this factor has not yet been undertaken in the State, this study should contribute much of value.

Questionnaires were sent to all firms having 25, or more, employees in the counties and 50, or more, employees in the City of Baltimore, thus achieving a comprehensive coverage of employers in Maryland. The data were analyzed by industry group as well as by size giving some measure of the medical facilities available according to these classifications. You will note that even the smaller plants, having under 100 employees, have been very cooperative in replying to the questionnaire, in spite of the fact that it was expected that this group would not reply in a good many cases.

Further, it is significant that the total number of dispensary visits made by employees was as large as 795,913 and of these visits, 37% or 294,601 were non-occupational visits. It is apparent that a substantial amount of medical care is being rendered by industrial plants.

I know that you will join me in thanking the many employers in the State who have so generously given of their time to make available the useful data contained in the study. I feel that the survey will serve not only to portray the status of industrial medical care presently available in the State, but will serve as a guide, and perhaps an inducement, to additional employers to provide better health services for their employees.

Very truly yours,

I Alvin Pasarew

I. Alvin Pasarew
Director

ACKNOWLEDGMENTS

The Maryland State Planning Commission is indebted to many individuals and agencies, private and governmental, for their cooperation and assistance. Among these are Dr. George W. Bachman, Senior Staff Member, and Dr. Emma F. Ward, Research Associate, both of the Brookings Institution, who acted in an advisory capacity; Mr. David Fringer, Director, State Employment Service, Miss Gladys N. McDermott, Labor Market Analyst, and Mrs. Toyce Tye, Assistant Labor Market Analyst all of the Department of Employment Security for their aid in developing our list of employers to be canvassed and the use of their specialized business machinery that we did not possess; and all the employers who answered our questionnaire, without whom this survey would not have been possible.

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FOREWORD

This study was performed by the staff of the Maryland State Planning Commission in cooperation with the Brookings Institution. It represents a departure from previous Commission studies in the field of public health in that this study was not undertaken by the Commission's Committee on Medical Care. Other studies in the field of public health which were conducted by the Committee are: surveys of medical care in the counties and Baltimore City; dental care for school children; hospital facilities for general diseases, tuberculosis, chronic disease, and mental patients; and long-range capital improvement needs of the hospitals operated by the State.

Consistent with the Commission's responsibilities "to keep under constant survey the medical care and health services available to the citizens of Maryland," this study is a quantitative report of the services performed by Maryland industry for the benefit of its employees. Derived from a comprehensive coverage of Maryland employers by the questionnaire technique, the material covers such areas as the number of dispensaries operated by industry, the cost of in-plant medical service, physical examinations, co-operation with community health programs and such policies as paid sick leave, cash sickness benefits and hospitalization and surgical payment plans.

It is evident that there is currently doubt and confusion in the minds of many that the facilities for medical care area adequately distributed. While no such evaluation is attempted here, this study provides the basic research that such an evaluation may be based upon. Upon research is founded competent administration and legislation. *Veritas vos liberabit.*

INTRODUCTION

Historically, the first interest in industrial medicine was exhibited by an unkown Egyptian, who noted on a papyrus scroll that certain occupations were the cause of typical diseases and deformities. Pliny and Plutarch both noted the relationship of health and occupation. For centuries thereafter, no progress was made beyond a few scattered and brief observations of what we now term occupational disease. It was not until recently that the study of the occupational disease emerged as a separate field of medicine.

The early factory conditions in England are too well known to need repetition. The lack of heat, the filth, the poor lighting and ventilation, the long hours and employment of women and children and inadequate safeguards against injury and death all combined to produce high mortality and disease rates, as well as the irreparable damage to the human spirit. Injury and death were seldom compensated, for the English common law was such that if the slightest negligence by the worker could be shown, the employer was not liable for damages. Further, if negligence of another worker was contributory to accident or death the employer was free from responsibility for employees were considered to be better able to avoid the consequences of employee's negligence than was the employer. A reaction against these conditions resulted in the Reform Acts of the last century.

In America, events paralleled those in England. New legislation, superceded the common law, and held employers liable for occupational injuries and death, and placed upon employers the responsibility for disability because of occupational disease. The result was increased employer interest in healthful and safe working conditions, safety devices, preventive medicine and physical examinations to screen applicants that would prove to be potential risks.

This desire to avoid liability was strengthened by public indignation aroused by the humanitarian movement in this country, that was manifested in the works of the muckrakers, such as Upton Sinclair's sociological novel, The Jungle. Then too, the growing trade union movement developed and achieved further recognition of the responsibility for the employee's health and welfare on the part of the employer.

This long educative process has carried the employer from the early belief that the worker's health was of no concern to management, to the present realization that the healthy man is the productive man. Some firms have even increased the scope of their industrial medical care programs to include the worker's family, for these employers feel that anxiety for the health of the worker's dependents is reflected in the performance of his work.

The growth of industrial medical care programs in the last few decades has been remarkable. Enlightened management has steadily increased the functions and responsibility of their medical departments. Increasing numbers of workers have been brought within the scope of medical insurance plans and sick leave policies. With this background of management interest and cooperation, we present this study confident that the weaknesses detected in Maryland industrial medical care programs will not go unnoticed and that the progress of the past will continue in the future.

CHAPTER I

BACKGROUND AND METHODOLOGY

Background

The experience of firms that have instituted medical care programs provides an idea of some of the advantages to be gained from such a program. A report[1] of the National Association of Manufacturers indicates a saving of $5,611 per year for a firm employing 500 workers, if the firm operates a health program. This figure was arrived at by computing the savings each year from decreased compensation costs, and reduction in absence, and deducting from these items the cost of a health program. Along with this saving goes a 24.5% reduction in labor turnover and a 26.4% reduction in compensation insurance premiums as well as a saving to the workers in wages of $6,300.

For firms employing 200 or more the experience of a New York banking house is noteworthy.[2] The Seamen's Bank for Savings, an institution employing 230, has contracted with the Grace Clinic of New York to provide medical services for the bank's employees and their families. The program includes not only a comprehensive pre-employment physical examination for all prospective employees but also the diagnostic services of the clinic's specialists. On the staff are specialists in surgery, internal medicine, urology, otolaryngology, pyschosomatic medicine, neurology, opthalmology, dermatology, radiology and dental medicine. The costs to the company are:

1. premiums on medical insurance including surgical insurance,
2. bills from the Grace Clinic covering diagnosis and examination above the amounts paid for by the insurance company,
3. premiums on hospital insurance with the Blue Cross.

---

[1] V. G. Heiser, Industrial Health Practices, N.A.M. New York, 1941.

[2] R. J. Clarke and D. W. Ewing, "New Approach to Employee Health Programs" Harvard Business Review, xxviii, 4, July 1950 pp. 109-24.

The bills from the clinic represent about 1% or 2% of the payroll. Indirect costs to the company are loss of time due to trips to the clinic and negligible administrative costs. Absenteeism at the bank has dropped from 7% to 2.7% since the institution of the program. The bank finds that it is no longer necessary to hire 15 temporary summer employees as they had done in the past, and one of the bank's officials has noted a benefit of the program that cannot be measured objectively -- the human relations value which has resulted in increased morale and efficiency.

An organized system of medical care can have valuable results:

1. A decrease in absenteeism
2. Higher productivity
3. Lower compensation premiums
4. Lower labor turnover
5. Increased loyalty and morale

Since the present survey was undertaken to determine the quantity of industrial medical care services available to the people of Maryland, the results of the study will not attempt to evaluate the benefits derived by employers from medical care plans. This aspect may perhaps be a valuable future undertaking of the Commission.

As a result of the present study, several broad generalizations can be made concerning Maryland's Industrial Medical Care:

1) The proportion of industrial medical care facilities is larger in the more populous urban areas than in the less populous semi-rural areas.

2) The same relationship holds true concerning industrial medical care policies.

3) The size of the establishment is a good indication of the extent of industrial medical care likely to be offered.

4) Maryland exceeds or at least equals other areas in the extent of care offered.

Perhaps a partial explanation of Maryland's favorable position is given by a writer on industrial hygiene[1/] who says, "The industrial hygiene divisions in state health departments with few exceptions do not have authority to draw up and enforce industrial codes and regulations for the prevention of occupational diseases . . . . however . . . . in Maryland . . . the State Health Department and the Baltimore City Health Department are charged by the compensation law with the duty of formulating, adopting, and administering rules and regulations designed to prevent and control occupational diseases. These activities, however, have not commonly been duties of industrial units of health departments . . . ." It is worthy to note that the activities of the State Health Department in Maryland, with regard to industrial medical care, were carried on efficiently. Of 41 states Maryland ranks 22nd in approximate annual expenditures by official state agencies, for industrial health services[2/] per member of the labor force.

The smaller establishments generally have not taken advantage of the opportunities available to them. Quite frequently they have been overwhelmed by the futility of reproducing the industrial health program of their larger brothers. Naturally they could not be expected to equal in scope the program of a large organization but the possibilities open to them have not been exploited as fully as they could be.

One approach to the problem of industrial medical care for small firms is the sharing of medical personnel and their costs with other establishments. Many small establishments have neither the need for a full time

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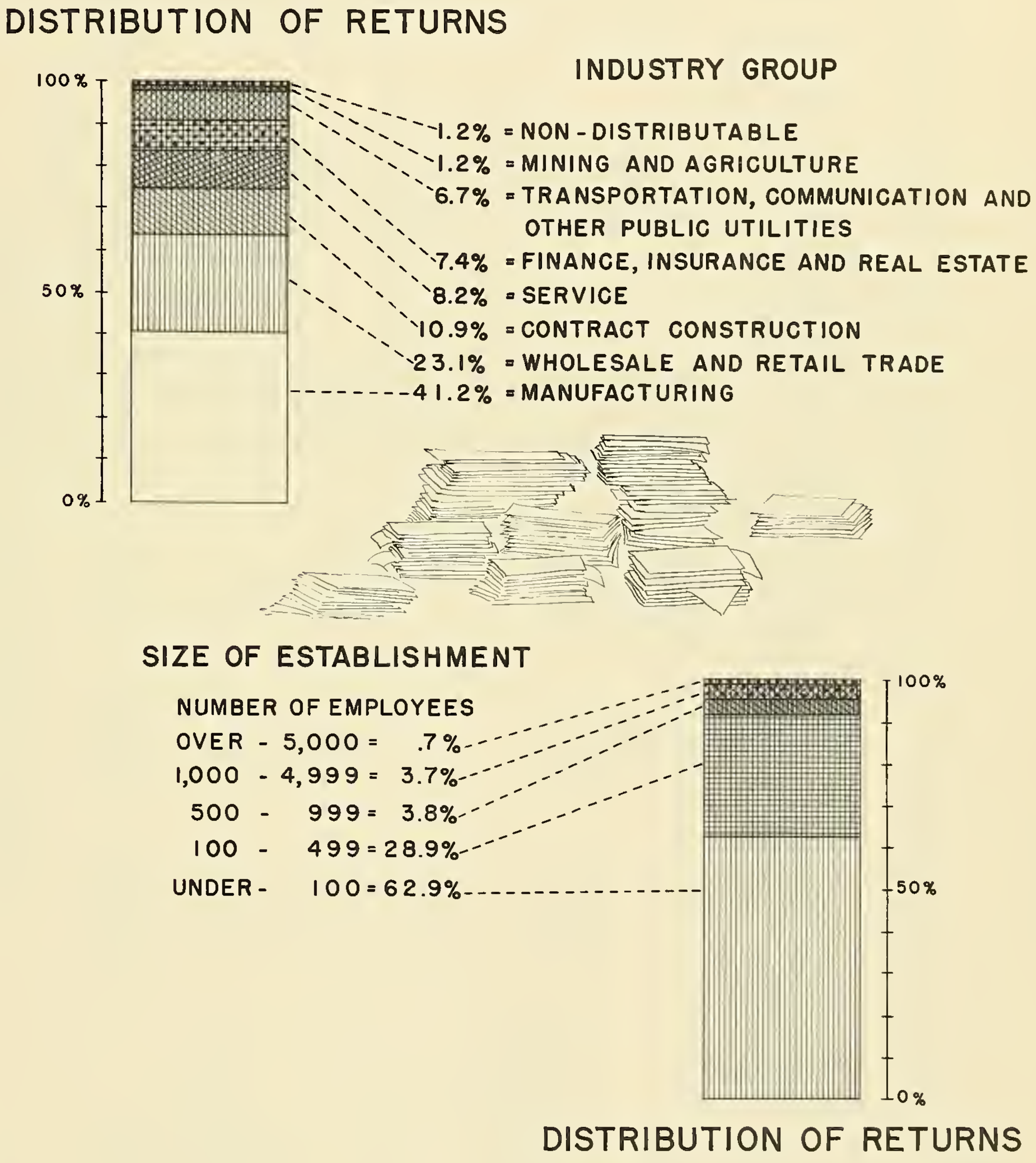
1/ Bernhard J. Stern, Medicine in Industry, New York, 1946.

2/ From table in "Industrial Health Activities by State Agencies, Public Health Reports, Jan. 8, 1943, LVIII, p.22.

medical department nor the ability to bear the expense. They are able, however, to efficiently utilize the services of a part time physician at a cost commensurate with their income. In this way the small firms may obtain some of the benefits realized by the large industrial plant.

DISTRIBUTION OF QUESTIONNAIRE RETURNS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT MARYLAND, MARCH 15, 1950



DISTRIBUTION OF RETURNS

INDUSTRY GROUP

SIZE OF ESTABLISHMENT

DISTRIBUTION OF RETURNS

TABLE 1

SCOPE OF THE SURVEY SHOWING PERCENTAGE RETURNS [1]

Industry Group	No. Firms Canvassed	No. Firms Replying	Per cent Coverage	No. employees in canvassed Firms	No. employees[1] in replying Firms	Per cent Coverage
Mining & Agriculture	30	9	30.0	1,979	694	35.1
Contract construction	262	80	30.5	23,608	8,520	36.1
Manufacturing	721	301	41.7	187,746	119,282	63.5
Transportation	120	49	40.8	37,842	29,287	77.4
Trade	515	169	32.8	59,988	21,107	35.2
Finance	106	54	50.9	13,618	7,662	56.3
Service	193	60	31.1	16,861	5,877	34.9
Non-distributable	22	9	40.9	21,701	10,493	48.4
TOTAL	1,969	731	37.1	363,343	202,922	55.8
Size of Establishment						
Less than 100 employees	1,274	460	36.1	67,460	25,834	38.3
100 - 499	589	211	35.8	120,994	49,723	41.1
500 - 999	58	28	48.3	40,411	20,750	51.3
1000 - 4999	41	25[2]	61.0	72,659	44,796	61.7
More than 5000	7	7	100.0	61,819	61,819	100.0
TOTAL	1,969	731	37.1	363,343	202,922	55.8

---

[1] Employment figures for non-replying firms were not known as of March 15, 1950. Employment shown in this table is derived from the Department of Employment Security as of September 15, 1949. Consequently, the number of employees in replying firms shown in this table will not agree with the numbers shown in other tables in this study which are derived from completed questionnaires and represent employment at March 15, 1950.

[2] As the size of some establishments has varied between September 15, 1949 and March 15, 1950 the distribution of reporting firms according to size in this table will differ from that of the other tables in this study.

TABLE 2

FIRMS AND EMPLOYEES COVERED IN THIS STUDY BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, MARCH 15, 1950

	Employees		Firms	
Industry Group	No.	% of Total	No.	% of Total
Mining & Agriculture	711	.4	9	1.2
Construction	5,634	2.9	80	10.9
Manufacturing	110,112	57.5	301	41.2
Transportation	28,332	14.8	49	6.7
Trade	21,228	11.1	169	23.1
Finance	9,348	4.9	54	7.4
Service	4,917	2.7	60	8.2
Non-Distributable	11,057	5.8	9	1.2
TOTAL	191,339	100.0 1/	731	100.0 1/
Size of Establishment				
Under 100 Workers	22,945	12.0	460	62.9
100 - 499	43,026	22.5	211	28.9
500 - 1000	18,476	9.7	28	3.8
1000 - 5000	55,627	29.1	27	3.7
Over 5000	51,265	27.0	5	.7
TOTAL	191,339	100.0 1/	731	100.0 1/

1/ Percentages will not total 100% because of rounding.

Methodology

The Maryland State Planning Commission in conjunction with the Brookings Institution planned, early in 1950, to conduct a survey of industrial medical care in the State of Maryland. The study,aside from revealing the quantity of industrial medical care in Maryland also serves as a pilot study for a similar national survey.

A questionnaire (page 60) was designed and sent out to 1,969 firms in Maryland with total employment of 363,343 workers. All major industry groups, except railroad and governmental establishments, were included in the survey. All firms in the counties, employing more than 25 employees and all firms in Baltimore City employing more than 50 employees, were canvassed.

Several weeks after the questionnaires were sent out, post cards were sent to those firms which had not replied to the questionnaire. In many instances it was possible to contact firms by phone and urge them to return completed questionnaires. The extent of the interest and cooperation of the Maryland firms is attested to by the return of 37.1% of the questionnaires.

The questionnaire provides a rather broad survey of industrial medical care and its ramifications. Questions were asked concerning the following: first aid kits and medical dispensaries available, medical personnel, non-occupational medical care, types and number of physical examinations. The survey also gathered data on community health programs and procedures, paid sick leave, financial aid to sick employees, and pension plans and man days lost.

In determining industry groups for this study, the classification system followed by the Federal Security Agency was used.1/ The Industrial

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1/ Industrial Classification Code, I, Federal Security Agency, Washington 1942.

Classification Code divides all industries into ten industry divisions. They are as follows:

1) Agriculture, Forestry, and Fishing
2) Mining
3) Contract Construction
4) Manufacturing
5) Transportation, Communication, and other Public Utilities
6) Wholesale and Retail Trade
7) Finance, Insurance, Real Estate
8) Service Industries
9) Government
10) Establishments not Elsewhere Classified

The first two divisions, the Agriculture, Forestry and Fishing Division and the Mining Division, have been combined in this study as Mining and Agriculture while the Government Division has been omitted. Contract Construction includes only those firms engaged in the construction business which work on a contract basis for others. Manufacturing includes firms engaged in the mechanical or chemical transformation of mineral or organic substances, firms characterized by the use of power equipment, machine tools, and materials-handling equipment and firms engaged in assembling component parts of manufactured products, which are neither structures nor other fixed improvements. Transportation, Communication and other Public Utilities (abbreviated in this study to Transportation) including those establishments engaged in passenger and freight transportation by highway, water, or air, furnishing services related to transportation, (excluding railroads for purposes of this study), pipe line transportation of petroleum, warehousing and storage, furnishing telephone, telegraph, or commercial radio communi-

cation service or supplying electricity, gas, steam, water, or sanitary service. The Wholesale and Retail Trade Division sometimes referred to in this study as Trade includes those firms primarily engaged in the buying and selling of tangible goods as distinct from securities and from services. The Finance, Insurance, and Real Estate Division shortened in this study to Finance includes the fields of finance: banks, security dealers, loan dealers, loan agencies, holding companies, and other finance agencies; insurance carriers, independent agents and brokers; and real estate owners including speculative builders, subdividers, and developers; agents and brokers. The Service Division includes establishments rendering services to individuals or business firms.

Another category - Non-Distributable Industries - has been employed in the survey. This includes establishments which perform equally important functions that would fall into different divisions. Such an establishment would be one engaged in the extraction, transportation, refining and wholesaling of oil and oil products.

The returns have also been broken down into size of establishment. Five groups were used: firms employing fewer than 100 workers; 100-499 workers; 500-999 workers; 1000-4999 workers; and those employing more than 5000 workers. The size breakdown permits a comparison of the medical services offered by the different size group establishments.

Tables illustrating the various points covered in the survey have been prepared for every county but only the tables for the State as a whole and for Baltimore City are published in this study. There are three reasons for the exclusion of the individual county tables:

1. The number of tables would be awkward and confusing to handle;
2. The returns from many counties are too small to be statistically significant;

3. The Commission is not permitted to divulge information concerning fewer than four firms which would require the grouping together of two or more industry or size groups, thus decreasing the significance of the data.

The percentage figures, generally shown in the tables, refer to the percentage of employees in an industry or size group, covered for a particular item. If, for instance, a figure of 17% is indicated on an item for the transportation group, the figure would mean that 17% of the employees in the transportation group are covered by the item. Thus, it is possible to ascertain the degree to which certain procedures and policies are employed by any group. The total of the percentage figures for all industry or size groups will not total to 100%.

CHAPTER II

FINDINGS OF THE SURVEY

First Aid Kits, Dispensaries and Their Personnel, Cost of In-Plant Medical Service and Physical Examinations

Most firms provide for the treatment of accidents occurring at work. The facilities for treatment range from a small first aid kit, sufficient for minor cuts and bruises incidental to almost any occupation, to the well equipped and staffed plant dispensary. Reference to evaluations of industrial hygiene dispensaries indicate that there is a wide range of services offered by these dispensaries, although no such conclusion can be drawn from this study. Some are staffed by a part-time physician or nurse and are limited in function to the dispensing of simple remedies for headaches and colds and minor injuries. Others include a staff of several physicians and nurses with specialists available on call. These dispensaries may perform laboratory analyses and may operate diagnostic machines such as fluoroscopes and electro-cardiographs. Assuming that the proportion of simple and complex dispensaries is the same in Maryland as in the rest of the nation, a comparison of the results of this study with one performed by the National Association of Manufacturers in 1941, shows that Maryland industries provide as many dispensaries as do the industries elsewhere. Conducted in 47 states and covering 2,064 firms representing all industry divisions the N.A.M. study showed that 11% of the plants covered had rooms equipped for medical examinations and emergency treatment.[1] The present study found that 11.5% of the Maryland firms covered provided such facilities.

Tables 3A and 3B show the number and percentage of firms reporting that their medical equipment consisted of first aid kits only and those maintaining a plant dispensary. In this study a room containing first aid equipment and staffed by an employee trained in first aid techniques was not

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[1] C. O. Sappington, Essentials of Industrial Health. Table 18, p.55 Philadelphia 1943.

considered as a plant dispensary. The tables further show the total number of dispensary visits made during 1949; the number of non-occupational dispensary visits; and the medical personnel on the dispensary staff as well as their employment status, i.e. on a full time, part time or call basis. Again, "first aid men" were not considered technicians. Rather, this study regards the term technician as including those trained in x-ray techniques, fluoroscopy, and similar laboratory functions.

In general, the finance, insurance and real estate industry group had the highest percentage of those firms reporting neither first aid kits nor plant dispensaries while the manufacturing industry group showed the highest percentage of these facilities. This is perhaps due to the wide difference between these two groups in the number of industrial accidents requiring medical attention, and is possibly contributed to by legislation regulating manufacturing firms. The percentage of establishments reporting first aid kits only decreased with the increase in the size of the establishments and the percentage of reported plant dispensaries increased with the increased size.

A total of 795,913 visits to plant dispensaries during 1949 was reported. Of these, 294,601 were non-occupational visits. This shows, on a State-wide basis, that 37% of dispensary visits are non-occupational in character.

The proportion of physicians to other medical personnel increase with establishment size. With this size increase, there is an accompanying shift in employment status, i.e. more full time personnel rather than personnel on a call basis only. The distribution of technicians seems to be unaffected by establishment size.

Table 4 lists the number of industrial establishments conducting medical services which are approved by the American College of Surgeons as of October 1, 1949. Acceptance of the minimum standard outlined by the College

as requirements for that body's approval is entirely voluntary on the part of the establishment. These standards are, however, considered to be essential features of an adequate industrial medical care program and the College feels that compliance therewith will be to the advantage of both employer and employee.

According to the American College of Surgeons "an adequate industrial medical service requires that the following provisions be made in order to render the best service:[1]

1. A definitely organized plan for the medical service.
2. A definitely designated staff of qualified physicians, surgeons and attendants with one physician in charge of the service.
3. Adequate emergency, dispensary and hospital facilities.
4. Preplacement and periodic physical examinations - to be made only by qualified medical examiners.
5. Efficient care of all industrial injuries and occupational disease.
6. Reasonable first aid and advice for employees suffering from nonindustrial injuries and illnesses while on duty. For further professional care such employees should be referred to their own private or family physicians.
7. Education of the employee in accident prevention and personal hygiene.
8. Elimination or control of all health hazards.
9. Adequate medical records, including physical examination records, assessibly filed in the medical department under responsible medical supervision. Statistical summaries and analyses of the injury and illness experience should be made periodically.
10. Supervision of plant sanitation and all health measures for employees by the physician or surgeon in charge.
11. An ethical and cooperative relationship with the family physician.
12. The use of hospitals approved by the American College of Surgeons."

1/ Industrial establishments conducting medical services which are approved by the College. Reprinted from Bulletin, American College of Surgeons, December, 1949.

PLANT DISPENSARIES AND THEIR PERSONNEL BY SIZE OF ESTABLISHMENT
MARYLAND, MARCH 15, 1950

	UNDER 100	100 - 499	500 - 999	1000 - 4999	OVER 5000	STATE
% of Size Group with Dispensaries	0.9%	16.6%	60.7%	85.2%	100.0%	11.5%
PHYSICIANS						
FULL TIME	0	2	0	11	12	**25**
PART TIME	1	12	17	21	5	**56**
CALL BASIS	3	18	10	25	2	**58**
GRADUATE NURSES						
FULL TIME	1	13	22	75	42	**153**
PART TIME	0	1	1	1	0	**3**
CALL BASIS	0	1	0	1	0	**2**

SIZE OF ESTABLISHMENT BY NUMBER OF EMPLOYEES

NUMBER OF DISPENSARIES BY SIZE OF FIRM

UNDER - 100 = 4
100 - 499 = 35
500 - 999 = 17
1,000 - 4,999 = 23
OVER - 5,000 = 5
STATE = 84

TABLE 3A

FIRST AID KITS, DISPENSARIES AND THEIR PERSONNEL BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, MARCH 15, 1950

						Medical Personnel														
	Total No. Firms	First Aid Kits Only		Plant Dispensaries		Physician			Graduate Nurse			Practical Nurse			Dentist			Technician		
Industry Group	In Group	No.	%	No.	%	FT	PT	CB[1]	FT	PT	CB	FT	PT	CB	FT	PT	CB	FT	PT	CB
Mining & Agriculture	9	9	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Construction	80	68	85.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manufacturing	301	218	72.4	63	20.9	16	32	50	114	2	1	21	0	1	0	1	2	3	1	0
Transportation	49	43	87.8	3	6.1	4	11	0	10	0	0	-	-	-	0	2	0	-	-	-
Trade	169	144	85.2	7	4.1	0	2	2	6	1	0	2	1	0	0	2	1	1	0	0
Finance	54	23	42.6	4	7.4	4	4	1	4	0	0	-	-	-	-	-	-	-	-	-
Service	60	52	86.7	2	3.3	0	0	2	0	0	1	0	1	0	-	-	-	-	-	-
Non-Distributable	9	3	33.3	5	55.6	1	7	3	19	0	0	-	-	-	-	-	-	-	-	-
TOTAL	731	560	76.6	84	11.5	25	56	58	153	3	2	23	2	1	0	5	3	4	1	0
Size of Establishment																				
Under 100 Workers	460	389	84.6	4	.9	0	1	3	1	0	0	-	-	-	-	-	-	1	0	0
100 - 499	211	157	74.4	35	16.6	2	12	18	13	1	1	6	1	0	0	2	1	1	1	0
500 - 1,000	28	10	35.7	17	60.7	0	17	10	22	1	0	4	0	0	-	-	-	-	-	-
1,000-5,000	27	4	14.8	23	85.2	11	21	25	75	1	1	8	1	1	0	3	2	2	0	0
Over 5,000	5	-	-	5	100.0	12	5	2	42	0	0	5	0	0	-	-	-	-	-	-
TOTAL	731	560	76.6	84	11.5	25	56	58	153	3	2	23	2	1	0	5	3	4	1	0

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[1] FT, PT, CB are abbreviations of Full Time, Part Time, and Call Basis.

TABLE 3B

FIRST AID KITS, DISPENSARIES AND THEIR PERSONNEL BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

						Medical Personnel														
Industry Group	Total No. Firms In Group	First Aid Kits Only		Plant Dispensaries		Physician			Graduate Nurse			Practical Nurse			Dentist			Technician		
		No.	%	No.	%	FT	PT	CB[1]	FT	PT	CB	FT	PT	CB	FT	PT	CB	FT	PT	CB
Construction	31	25	80.6	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manufacturing	141	96	68.1	41	29.1	4	22	29	46	1	0	11	0	1	0	1	0	2	0	0
Transportation	24	20	83.3	2	8.3	4	9	0	4	0	0	0	0	0	0	2	0	0	0	0
Trade	78	62	79.5	6	7.7	0	1	1	5	1	0	2	1	0	0	1	0	1	0	0
Finance	31	12	38.7	3	9.7	3	4	1	4	0	0	0	0	0	0	0	0	0	0	0
Service	23	18	78.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	328	233	71.0	52	15.9	11	36	31	59	2	0	13	1	1	0	4	0	3	0	0
Size of Establishment																				
Under 100 Workers	165	132	80.0	3	1.8	-	1	2	1	-	-	-	-	-	-	-	-	1	-	-
100 - 499	130	92	70.8	25	19.2	1	8	12	12	1	-	5	-	-	-	1	-	1	-	-
500 - 1,000	17	7	41.2	10	58.8	-	12	7	12	1	-	1	-	-	-	-	-	-	-	-
1,000-5,000	15	2	13.3	13	86.7	7	13	10	31	-	-	7	1	1	-	3	-	1	-	-
Over 5,000	1	-	-	1	100.0	3	2	-	2	-	-	-	-	-	-	-	-	-	-	-
TOTAL	328	233	71.0	52	15.9	11	36	31	59	2	-	13	1	1	-	4	-	3	-	-

---

[1] FT, PT, CB are abbreviations of Full Time, Part Time, and Call Basis.

TABLE 4

NUMBER OF INDUSTRIAL ESTABLISHMENTS CONDUCTING MEDICAL SERVICES WHICH ARE APPROVED BY THE AMERICAN COLLEGE OF SURGEONS

	Baltimore City No. Approved Disp.	Other Than Baltimore City No. Approved Disp.	Total For State No. Approved Disp.
Under 100	-	-	-
100 - 499	4	1	5
500 - 1000	5	1	6
1000 - 5000	16	1	17
Over 5000	3	1	4
TOTAL	28	4	32

Some firms in their medical case programs provide for visits by medical personnel to the homes of ill or injured employees. During 1949 23,686 such visits were made. Physicians made 2,023 of these visits and visits made by nurses totaled 21,663. Most of the visits were made to employees of establishments in the manufacturing and transportation divisions and usually employed by firms of over 500 employees.

The principal portion of the cost of industrial medical care is due to the professional services of doctors and nurses. A study made by the American College of Surgeons[1/] in 1938 shows that these professional expenses account for 63% of total industrial medical care costs. The same study points out that, as in Table 5, the per capita cost of medical care decreases as the size of the establishment increases.

[1/] M. N. S. Newquist, Medical Service In Industry and Workmen's Compensation Laws. American College of Surgeons, Chicago, 1938.

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

[illegible]

TABLE 5

ANNUAL PER CAPITA COST OF INDUSTRIAL MEDICAL CARE RELATED TO SIZE OF ESTABLISHMENT [1]

Size of Establishment	Per Capita Cost
100 - 499 Employees	$8.76
500 - 999 Employees	$6.97
Over-1000 Employees	$4.93

This study has not determined per capita cost but total cost ranges have been tabulated. As shown in Table 6 the percentage of firms spending over $1,000 in 1949 on medical programs increases as size of establishment increased while with a size increase the percentage of firms reporting no cost and cost of under $100 decreases. Proportionally more firms in the manufacturing and transportation groups spent over $1,000 than in the other groups. At the other extreme 60 out of 80 reporting firms in the construction group reported no cost at all.

One of the most usual functions of the industrial medical department is the physical examination. These examinations may be divided into four types: 1. The pre-employment examination; 2. The periodic examination; 3. The exit examination and; 4. The examination of those exposed to special hazards.

The purpose of the pre-employment examination is clearly defined in a bulletin of Northwestern University Medical School.[2] "The pre-employment examination is made to determine whether or not applicant suffers a physical impairment which:

1. Would be aggravated by the nature of his employment, thereby predisposing him to disability or disease;

2. Restricts his physical capacity to do the job and thereby makes him especially liable to accidental injury or illness;

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[1] M. N. S. Newquist, Op. Cit.

[2] An Industrial Department of Health, Northwestern University Medical School. Bulletin #9, 1939, p.18.

TABLE 6

COST OF IN-PLANT MEDICAL SERVICE BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, 1949

Industry Group	Total No. Firms In Group	No Answer		No Cost In 1949		Less Than $100		$100 - 999		More Than $1,000	
		No.	%	No.	%	No.	%	No.	%	No.	%
Mining & Agriculture	9	4	44.4	5	55.5	-	-	-	-	-	-
Construction	80	17	21.3	60	75.0	3	3.8	-	-	-	-
Manufacturing	301	96	31.9	115	38.2	25	8.3	23	7.6	42	14.0
Transportation	49	12	24.5	29	59.2	4	8.2	-	-	4	8.2
Trade	169	49	29.0	99	58.6	13	7.7	4	2.4	4	2.4
Finance	54	15	27.8	35	64.8	3	5.6	-	-	1	1.9
Service	60	19	31.7	34	56.7	5	8.3	1	1.7	1	1.7
Non-Distributable	9	2	22.2	3	33.3	-	-	-	-	4	44.4
TOTAL	731	214	29.3	380	52.0	53	7.3	28	3.8	56	7.7
Size of Establishment											
Under 100 Workers	460	138	30.0	263	57.2	42	9.1	13	2.8	4	.9
100 - 499	211	59	28.0	107	50.7	11	5.2	14	6.6	20	9.5
500 - 1,000	28	9	32.1	7	25.0	-	-	1	3.6	11	39.3
1,000-5,000	27	7	25.9	3	11.1	-	-	-	-	17	63.0
Over 5,000	5	1	20.0	-	-	-	-	-	-	4	80.0
TOTAL	731	214	29.3	380	52.0	53	7.3	28	3.8	56	7.7

3. Subjects his fellow workmen to injury or disease as a consequence of his employment."

The periodic examination is useful in detecting disease or organic defect in its development stage. The physician may then refer the examinee to his own doctor or in advanced medical care programs the industrial physician may take steps to halt the advance of the illness and bring it under control. This examination may also bring to light working conditions that should be corrected. In some cases the physician may recommend a change of occupation.

The examination of those exposed to special hazards protects both the company and the employee. The company benefits from the medical surveillance of those exposed to dangerous environmental conditions by a decrease in compensation claims. The employee obviously benefits by being assured that any disability caused by his work will be detected promptly.

Exit examinations are given to those leaving the employment of the company and serve to warn the employee of any defects that may need attention and by assuring the employer that no disability has arisen as a result of employment.

The number of physical examinations given in 1949 is listed in Table 7. The percentages are percentage of total industry or size group employment. Thus the percentages serve only to indicate relative use of examinations by the different groups. They do not show the percentage of entering or leaving employees or those exposed to special hazards that received examinations as these figures are not available.

The pre-employment examinations were given in more cases than were the other types of examination. The mining and agriculture and manufacturing groups made more use of this examination while the lowest group was the contract construction division. The transportation group was the largest user pro-

TABLE 7

NUMBER AND TYPE OF PHYSICAL EXAMINATIONS GIVEN IN 1949 BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, 1949

Industry Group	Total No. Workers In Group	Physical Examinations Pre-Placement No.	%	Periodic No.	%	Exit No.	%	Special Hazard No.	%
Mining & Agriculture	711	206	29.0	5	.7	-	-	-	-
Construction	5,634	4	.1	-	-	-	-	-	-
Manufacturing	110,112	25,459	23.1	5,488	5.0	791	.7	912	.8
Transportation	28,332	3,063	10.8	3,532	12.5	-	-	869	3.1
Trade	21,228	1,413	6.7	1,068	5.0	1	.01	368	1.7
Finance	9,348	1,120	12.0	505	5.4	-	-	-	-
Service	4,917	159	3.2	293	6.0	-	-	-	-
Non-Distributable	11,057	2,006	18.1	2,579	23.3	54	.5	797	7.2
TOTAL	191,339	33,430	17.5	13,470	7.0	846	.4	2,946	1.5
Size of Establishment									
Under 100 Workers	22,945	738	3.2	687	3.0	1	.004	17	.1
100 - 499	43,026	3,597	8.4	2,201	5.1	42	.1	-	-
500 - 999	18,476	2,664	14.4	1,157	6.3	11	.1	2	.01
1,000-4,999	55,627	17,303	31.1	5,960	10.7	792	1.4	2,058	3.7
Over 5,000	51,265	9,128	17.8	3,465	6.8	-	-	869	1.7
TOTAL	191,339	33,430	17.5	13,470	7.0	846	.4	2,946	1.5

portionally of the periodic examination but there is no really large variation shown between this group and the other groups. The exit and special hazard examinations were seldom given. The wholesale and retail trade industry is not usually thought of as being expecially hazardous. Thus, it should be explained that the examinations of workers exposed to special hazards in this group are largely those reported by a firm engaged in the wholesaling of oil and oil products. The remaining special hazard examinations in the trade group were reported by a supermarket.

Although an increase in the performance of physicial examinations may be shown as the size of establishment increases, there is no significant variation except in the 1000-4999 workers group, where both the pre-placement and periodic examinations are given to a relatively greater number of workers.

PARTICIPATION IN COMMUNITY HEALTH SERVICES AND HEALTH EDUCATION OF WORKERS

Various community health services are available to the employer as adjuncts to plant health programs. These include mass x-ray examinations, cancer detection, RH blood programs, visual testing programs, dental surveys, syphilis detection by mass Kahn testing and similar services. With the exception of mass x-rays, employers in the state and especially in Baltimore City have not used these facilities to any appreciable extent. Only 15.9% of the replying firms indicated that mass x-rays were made available to their employees in 1949. In Baltimore City this service was used by merely 4.3% of the reporting establishments. However, if Baltimore is excluded from the state total the percentage of firms replying in the affirmative becomes 25.3.

Tables 8A and 8B show the number and percentage of firms indicating that they took advantage of these community health services. Mass x-ray examinations were by far the most usual service employed. All of the other services, except the dental survey, were used by 1% or 2% of the replying firms. Dental surveys were conducted only in Baltimore City and were employed by only one firm. Although there is no wide percentage variation between industry groups, more firms in the manufacturing group, both percentagewise and in the aggregate, reported that mass x-rays were given to their employees. To a slight extent the larger establishments are more apt to use the community health services than are the small firms.

Included in "other" health services are the fluoroscopic examinations given by a manufacturing chemist, the diabetic tests of a department store and the typhoid test and urinalyses of the employees of two milk and milk product companies.

Some firms increase their employee's health consciousness and knowledge by the use of health education media. Ranging from personal counseling on

TABLE 8A

PARTICIPATION OF EMPLOYERS IN COMMUNITY HEALTH SERVICES BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, MARCH 15, 1950

Industry Group	Total No. of Firms	Mass X-Ray		Cancer Detection		R.H. Blood Program		Visual Testing		Dental Survey		Syphilis Detection		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Mining & Agriculture	9	1	11.1	-	-	-	-	-	-	-	-	-	-	-	-
Construction	80	1	1.3	-	-	-	-	-	-	-	-	-	-	-	-
Manufacturing	301	71	23.6	2	.7	3	1.0	11	3.7	1	.3	5	1.7	1	.3
Transportation	49	7	14.3	-	-	2	4.1	2	4.1	-	-	3	6.1	-	-
Trade	169	23	13.6	3	1.8	1	.6	-	-	-	-	4	2.4	3	1.8
Finance	54	7	13.0	1	1.9	-	-	-	-	-	-	-	-	-	-
Service	60	4	6.7	1	1.7	1	1.7	-	-	-	-	2	3.3	-	-
Non-Distributable	9	2	22.2	-	-	-	-	1	11.1	-	-	1	11.1	-	-
TOTAL	731	116	15.9	7	1.0	7	1.0	14	1.9	1	.1	15	2.1	4	.5
Size of Establishment															
Under 100 Workers	460	57	12.4	5	1.1	2	.4	2	.4	-	-	6	1.3	2	.4
100 - 499	211	41	19.4	2	.4	3	.7	8	1.7	1	.5	3	.2	2	.4
500 - 1,000	28	8	28.6	-	-	-	-	1	3.7	-	-	1	3.7	-	-
1,000-5,000	27	8	29.6	-	-	1	3.7	3	11.1	-	-	4	14.8	-	-
Over 5,000	5	2	40.0	-	-	1	20.0	-	-	-	-	1	20.0	-	-
TOTAL	731	116	15.9	7	1.0	7	1.0	14	1.9	1	.1	15	2.1	4	.5

TABLE 8B

PARTICIPATION OF EMPLOYERS IN COMMUNITY HEALTH SERVICES BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

Industry Group	Total No. of Firms	Mass X-Ray		Cancer Detection		R.H. Blood Program		Visual Testing		Dental Survey		Syphilis Detection		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Construction	31	-		-		-		-		-		-		-	
Manufacturing	141	10	7.1	-		-		9	6.4	1	.7	3	2.1	2	1.4
Transportation	24	1	4.2	-		-		1	4.2	-		1	4.2	-	
Trade	78	1	1.3	-		-		-		-		-		-	
Finance	31	2	6.5	-		-		-		-		-		-	
Service	23	-		-		-		-		-		-		-	
TOTAL	328	14	4.3	-		-		10	3.0	1	.3	4	1.2	2	.6
Size of Establishment															
Under 100 Workers	165	1	.6	-		-		1	.6	-		-		-	
100 - 499	130	7	5.4	-		-		6	4.6	1	.8	1	.8	1	.8
500 - 1,000	17	3	17.6	-		-		1	5.9	-		1	5.9	-	
1,000-5,000	15	3	20.0	-		-		2	13.3	-		2	13.3	1	6.7
Over 5,000	1	-		-		-		-		-		-		-	
TOTAL	328	14	4.3	-		-		10	3.0	1	.3	4	1.2	2	.6
STATE	-	-	15.9	-	1.0	-	1.0	-	1.9	-	.1	-	2.1	-	.5

TABLE 9A

EMPLOYERS EMPLOYING HEALTH EDUCATION MEDIA BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, MARCH 15, 1950

Industry Group	Total No. of Firms	Personal Counseling No.	Personal Counseling %	Group Talks No.	Group Talks %	Movies No.	Movies %	Slides No.	Slides %	Pamphlets No.	Pamphlets %	Health Articles in House Organ No.	Health Articles in House Organ %	Posters No.	Posters %
Mining & Agriculture	9	-		-		-		-		2	22.2	-		2	22.2
Construction	80	-		-		-		-		1	1.3	-		3	3.8
Manufacturing	301	39	13.0	13	4.3	12	4.0	8	2.7	58	19.3	23	7.6	83	27.6
Transportation	49	5	10.2	5	10.2	3	6.1	3	6.1	9	18.4	7	14.3	17	34.7
Trade	169	11	6.5	6	3.6	1	.6	3	1.8	15	8.9	5	3.0	27	16.0
Finance	54	9	16.7	-		1	1.9	-		4	7.4	1	1.9	5	9.3
Service	60	4	6.7	1	1.7	-		-		5	8.3	-		7	11.7
Non-Distributable	9	4	44.4	2	22.2	-		-		3	33.3	3	33.3	3	33.3
TOTAL	731	72	9.8	27	3.7	17	2.3	14	1.9	97	13.3	39	5.3	147	20.1
Size of Establishment															
Under 100 Workers	460	14	3.0	6	1.3	2	.4	2	.4	22	4.8	11	2.4	61	13.3
100 - 499	211	33	15.6	10	4.7	7	3.3	5	2.4	47	22.3	10	4.7	56	26.5
500 - 1,000	28	12	42.9	4	14.3	3	10.7	3	10.7	14	50.0	8	28.6	14	50.0
1,000-5,000	27	11	40.7	5	18.5	4	14.8	2	7.4	11	40.7	8	29.6	13	48.1
Over 5,000	5	2	40.0	2	40.0	1	20.0	2	40.0	3	60.0	2	40.0	3	60.0
TOTAL	731	72	9.8	27	3.7	17	2.3	14	1.9	97	13.3	39	5.3	147	20.1

TABLE 9B

EMPLOYERS EMPLOYING HEALTH EDUCATION MEDIA BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

Industry Group	Total No. of Firms	Personal Counseling No.	Personal Counseling %	Group Talks No.	Group Talks %	Movies No.	Movies %	Slides No.	Slides %	Pamphlets No.	Pamphlets %	Health Articles in House Organ No.	Health Articles in House Organ %	Posters No.	Posters %
Construction	31	-		-		-		-		-		-		-	
Manufacturing	141	26	18.4	10	7.1	6	4.3	4	2.8	30	21.3	13	9.2	43	30.5
Transportation	24	2	8.3	2	8.3	2	8.3	1	4.2	1	4.2	2	8.3	7	29.2
Trade	78	3	3.8	2	2.6	-		-		5	6.4	2	2.6	10	12.8
Finance	31	8	25.8	-		1	3.2	-		4	12.9	-		4	12.9
Service	23	1	4.3	-		-		-		2	8.7	-		4	17.4
TOTAL	328	40	12.2	14	4.3	9	2.7	5	1.5	42	12.8	17	5.2	68	20.7
Size of Establishment															
Under 100 Workers	165	6	3.6	3	1.8	-		-		8	4.8	3	1.8	26	15.8
100 - 499	130	21	16.2	7	5.4	5	3.8	2	1.5	21	16.2	4	3.1	27	20.8
500 - 1,000	17	6	35.3	1	5.9	1	5.9	1	5.9	7	41.2	4	23.5	8	47.1
1,000-5,000	15	6	40.0	2	13.3	2	13.3	1	6.7	5	33.3	5	33.3	6	40.0
Over 5,000	1	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0
TOTAL	328	40	12.2	14	4.3	9	2.7	5	1.5	42	12.8	17	5.2	68	20.7
STATE	-	-	9.8	-	3.7	-	2.3	-	1.9	-	13.3	-	5.3	-	20.1

problems of hygiene to the use of motion pictures, this phase of industrial health is used by some employers as an extension of their medical care program and by others as a substitute for a formal program. Tables 9A and 9B indicate the extent of industrial health education.

Pamphlets and posters are the most frequently used media. While the source of this material was not sought, many employers indicated on their returns that they employed the pamphlets and posters issued by the Metropolitan Life Insurance Company. Approximately 10% of the firms replied that they gave personal counseling to employees. It was not indicated by whom this counseling was done but the sudden increase in frequency (from 15% to 40%) between the 100 - 499 workers size group and the groups employing more than 500 workers show that it was a much more important policy in the larger groups which comprise the firms with the more advanced health programs. Hence, in all probability, the counseling was done by medically trained personnel.

For all types of media, the manufacturing and transportation groups were the largest users of health education. The larger firms reported the use of health education media more frequently than did the smaller firms. In the groups of firms with over 500 employees the percentages for use of education media show no particular variation, except for the use of motion pictures which appears to be definitely a large firm project.

PAID SICK LEAVE

The security of the worker in Maryland is more adequately protected than that of workers in twelve metropolitan areas as shown by a comparison with a survey of employee benefit plans issued recently by the Research Council for Economic Security.[1] This study covers in a manner similar to the present study, workers in the metropolitan areas of Atlanta, Chicago, Cleveland, Detroit, Houston, Indianapolis, Minneapolis, St. Paul, Philadelphia, Pittsburgh, St. Louis, Salt Lake City and San Francisco, all very large urban areas. The Planning Commission's survey includes all of the State of Maryland, rural as well as urban areas. Only 24.3% of the covered employees in the twelve metropolitan areas were eligible for paid sick leave as compared with 38.3% of the covered workers in Maryland. This difference is all the more impressive if it is kept in mind that the Maryland figure includes rural sections of the State, as well as urban areas.

A comparison of the distribution of firms replying and workers in these firms as shown in Table 10 indicates that the study by the Research Council covered more firms, percentagewise, employing more than 1,000 workers and that these firms were larger than those in this study. The present survey, however, received the same percentage of returns as the Research Council study from firms employing fewer than 100 employees. The Maryland returns from the small firms represent a greater percentage of the total covered workers.

1/ Employee benefit plans. Research Council for Economic Security
Chicago, May, 1950.

TABLE 10

A COMPARISON OF REPORTING FIRMS AND WORKER DISTRIBUTION IN THE MARYLAND STUDY AND THE STUDY OF THE RESEARCH COUNCIL FOR ECONOMIC SECURITY

Industry Group	% of Total Replying Firms		% of Total Employees Reported	
	Md.	Res.Council	Md.	Res.Council
Mining and Agriculture	1.2	.1	.4	.6
Construction	10.9	4.0	2.9	1.2
Manufacturing	41.2	45.1	57.5	67.6
Transportation	6.7	3.9	14.8	10.8
Wholesale & Retail Trade	23.1	27.4	11.1	12.7
Finance	7.4	10.1	4.9	3.8
Service	8.2	9.5	2.7	3.2
Non-Distributable	1.2	-	5.8	-
Total	100.0	100.0	100.0	100.0
Size of Establishment				
Under 100	62.9	62.7	12.0	5.5
100 - 499	28.9	26.1	22.5	16.0
500 - 1,000	3.8	4.9	9.7	9.3
Over 1,000	4.4	6.3	55.8	69.2
	100.0	100.0	100.0	100.0

Percent of total firms convassed that replied:

Research Council	34.7%
Maryland	37.1%

This study, despite its coverage of fewer large firms and greater percentage of employees of firms employing fewer than 100 workers, shows Maryland to be in a superior position to the average of the twelve metropolitan areas included in the Research Council survey. An even more favorable comparison is to be had by comparing the Baltimore Metropolitan Area, which includes Baltimore City, Baltimore and Anne Arundel Counties, with the twelve metropolitan areas. While their paid sick leave coverage is 24.3%, this study shows that the coverage in the Baltimore Metropolitan Area is 40.5% of workers in replying firms or 16.2% more than in the other study.

Tables 12A and 12B list the number of workers covered by company administrative policies of paid sick leave; the minimum length of service required to be eligible for this leave; and the number of days of sick leave earned by each worker. For this study's purposes the minimum length of service required has been divided into three categories: employees covered by company policies that require no minimum length of service for eligibility; requirement of less than one year's service; and requirement of service more than one year. The number of days earned per year has been similarly divided: employees earning an indefinite number of days of sick leave, the number of days being usually dependent upon individual circumstances; those earning less than two weeks per year; and those earning more than two weeks. Usually the sick leave policies reported were definite and fixed in character, that is, not varying with length of employment. This type of scheme included either no policy at all (no minimum length of service and no policy of specific number of days earned) or required a definite minimum length of service to be eligible for a fixed number of days leave such as ten days per year. Some of the larger firms, however, reported sliding scales of days earned as related to length of service. A typical scheme of this nature is shown in Table 11.

TABLE 11

A TYPICAL SICK LEAVE POLICY INVOLVING A SLIDING SCALE OF DAYS EARNED

Length of Employment	Weeks on Full Pay	Weeks on Half Pay
2 - 5 years	4 weeks	9 weeks
5 - 10 years	13	13
10- 15 years	13	39
15- 20 years	26	26
20- 25 years	39	13
Over 25 years	52	-

In the State, 38.3% of the workers covered by this study are eligible for paid sick leave. The industry group employing the greatest relative number of workers covered by sick leave policies is the finance group. The transportation, trade and service industries all provide sick leave for over 50% of their employees while the mining, and agriculture and contract construction groups are the lowest in the state probably because of the high proportion of unskilled and seasonal labor that they employ. There is no radical change in coverage as the size of industry increases. Instead, the industries employing 500 - 1000 [illegible] workers have the smallest coverage.

As the establishment size increases there is a shift in the prevalent type of policy requirements. Firms of under 100 workers permitted 31.5 per cent of their employees sick leave and two thirds of these permitting sick leave required no minimum length of service. Firms employing over 5,000 workers, however, required minimum service of over one year from 39.7% of their workers and this size group of firms permitted sick leave for 41.7 per cent of their employees. The manufacturing and transportation groups on the whole required service of over one year while the wholesale and retail trade group favored some length of service minimum of less than a year. The other industry groups required no minimum service from the majority of their covered employees.

The patterns vary concerning number of days permitted for sick leave. As the size of the industry increases there is a shift toward a uniform, nonpersonal policy of granting sick leave. The determination of the duration of the sick leave according to the length of service is often employed. The manufacturing and transportation groups preferred to give a specified number of days leave per year while the service industries were rather evenly divided on specific and non-specific policies. The other industry groups tended to have no policy of days earned.

TABLE 12A

EMPLOYEES ENTITLED TO PAID SICK LEAVE BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, MARCH 15, 1950

	Total No. Workers	Minimum Length of Service						Days Earned Per Year					
		No Minimum		Under 1 Year		Over 1 Year		No Specified No. of days		Less than 2 weeks		More than 2 weeks	
Industry Group	In Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Mining & Agriculture	711	13	1.8	-	-	-	-	13	1.8	-	-	-	-
Construction	5,634	1,039	18.4	2	.03	18	.3	1,006	17.9	9	.2	44	.8
Manufacturing	110,112	7,286	6.6	8,588	7.8	14,106	12.8	5,811	5.3	18,128	15.0	6,041	5.5
Transportation	28,332	2,432	8.6	239	.8	15,069	53.2	262	.9	364	1.3	17,114	60.4
Trade	21,228	3,400	16.0	5,853	27.6	1,591	7.5	6,179	29.1	2,493	11.7	2,172	10.2
Finance	9,348	5,728	61.3	1,206	12.9	335	3.6	4,917	52.6	484	5.2	1,868	20.0
Service	4,917	1,442	29.3	754	15.3	681	13.8	1,178	24.0	485	9.9	1,214	24.7
Non-Distributable	11,057	3,463	31.3	-	-	-	-	455	4.1	-	-	3,008	27.2
TOTAL	191,339	24,803	13.0	16,642	8.7	31,800	16.6	19,821	10.4	21,963	11.5	31,461	16.4
Size of Establishment													
Under 100 Workers	22,945	4,787	20.9	1,474	6.4	964	4.2	4,424	19.3	1,193	5.2	1,508	6.6
100 - 499	43,026	7,799	34.0	3,036	7.1	2,794	6.5	6,504	15.1	2,839	6.6	4,286	10.0
500 - 1,000	18,476	4,806	11.2	1,758	9.5	1,290	7.0	2,421	13.1	679	3.7	4,754	25.7
1,000-5,000	55,627	6,925	12.4	9,799	17.6	6,381	11.5	6,472	11.6	9,091	16.3	7,542	13.6
Over 5,000	51,265	486	.9	575	1.1	20,371	39.7	-	-	8,061	15.6	13,371	26.1
TOTAL	191,339	24,803	13.0	16,642	8.7	31,800	16.6	19,821	10.4	21,963	11.5	31,461	16.4

TABLE 12B

EMPLOYEES ENTITLED TO PAID SICK LEAVE BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

		Minimum Length of Service								Days Earned Per Year			
Industry Group	Total No. Workers In Group	No Minimum No.	%	Under 1 Year No.	%	Over 1 Year No.	%	No Specified No. of days No.	%	Less than 2 weeks No.	%	More than 2 weeks No.	%
Construction	3,265	951	29.1	-	-	-	-	951	29.1	-	-	-	-
Manufacturing	39,267	5,654	14.4	1,482	3.8	5,894	15.0	4,087	10.4	5,999	15.3	2,944	7.5
Transportation	15,695	1,429	9.1	5	.03	6,585	42.0	249	1.6	5	.03	7,765	49.5
Trade	14,266	2,486	17.4	5,405	37.9	357	2.5	5,262	36.9	1,371	9.6	1,615	11.3
Finance	7,296	5,218	71.5	884	12.1	218	3.0	4,463	61.2	284	3.9	1,573	21.6
Service	2,945	786	26.7	556	18.9	640	21.7	711	24.1	366	12.4	905	30.7
TOTAL	82,734	16,524	20.0	8,332	10.1	13,694	16.6	15,723	19.0	8,025	9.7	14,802	17.9
Size of Establishment													
Under 100 Workers	10,304	3,018	29.3	690	6.8	383	3.7	2,895	28.1	430	4.2	766	7.4
100 - 499	27,077	5,943	21.9	1,819	6.7	945	3.5	4,786	17.7	1,348	5.0	2,573	9.5
500 - 1,000	10,335	2,965	28.7	-	-	1,040	10.1	2,286	22.1	679	6.6	1,040	10.1
1,000- 5,000	27,947	4,112	14.7	5,823	20.8	4,741	17.0	5,756	20.6	5,568	20.0	3,352	12.0
Over 5,000	7,071	486	6.9	-	-	6,585	93.1	-	-	-	-	7,071	100.0
TOTAL	82,734	16,524	20.0	8,332	10.1	13,694	16.6	15,723	19.0	8,025	9.7	14,802	17.9
STATE			13%		8.7%		16.6%		10.4%		11.5%		16.4%

From observation it was found that salaried workers were more likely to be covered by paid sick leave than were workers paid on a piece-work or hourly basis. Thus, a salaried stenographer may be eligible for sick leave while a factory worker employed by the same firm and earning more than the stenographer is not. This may be due to the fact that in many instances paid sick leave and other "fringe" benefits are assumed to be part of the salary accruing to salaried workers and, traditionally, salaried workers have received these benefits to a much greater extent than have wage workers. The high percentage of covered workers in the finance industry is probably due to the higher proportion of "white-collar" workers employeed by this group.

A comparison of the prevalence of paid sick leave in the more populous and less populous counties shows that a greater percentage of employees are covered in the counties with larger populations.

WEEKLY CASH SICKNESS BENEFITS

Cash sickness benefits differ from paid sick leave in that sick leave is a continuation by the employer of a worker's salary or fraction of his salary while inactive because of sickness or accident, while cash sickness benefits are fixed payments to the worker bearing no direct functional relation to salary. Sick leave payments have their source in the wage fund; cash sickness benefits stem from a fund to which the employee, employer or both may contribute. This fund may be managed by an insurance company, that is, the fund is the sum of contributions from many firms; or, less often, it may be carried by an employee's benefit association; or, even more seldom, it may be a fund created by the company. While the payments are not a function of salary, i.e. full pay, half pay or multiple of base pay, their size may be determined by the wage range into which the worker's salary falls. Table 13 illustrates this method.

TABLE 13

A TYPICAL DETERMINATION OF SICKNESS AND ACCIDENT BENEFITS

Basic Weekly Earnings	Weekly Sickness and Accident Benefits
Less than $30.00	$10
$30.00 - 44.99	15
45.00 - 59.99	20
60.00 or more	30

The duration of the benefit period is usually for either thirteen or twenty-six weeks. This period may be either the maximum for any one year or the maximum for any one sickness. Under the latter type of plan it would be theoretically possible for a worker to draw benefits for thirteen or twenty-six weeks, return to work and then be again eligible for the maximum benefit period. Thus, an employee could remain away from work for a total of forty-eight weeks with full protection. In this study it was not possible to differentiate

between these two types of policies.

A comparison of this survey with the study of twelve metropolitan areas previously discussed shows that Maryland equals the coverage of cash sickness benefit plans found in the other study. The survey of employee benefit plans by the Research Council for Economic Security found that 55% of the employees represented in the returns were covered by a plan of this type. This study found that 54.8% of Maryland employees covered by this survey are eligible for cash sickness benefits.

Tables 14A and 14B show the number of workers covered by cash sickness benefit plans. Of the workers covered by this survey, 55% were eligible for weekly cash sickness benefits. The establishments employing more than 100 workers provided these benefits for more than 40% of their employees while those employing less than 100 covered only 24% of their workers. There was a noticeable increase of coverage as the establishment size increased. A similar but smaller increase in the use of employee mutual benefit associations and company funding as the source of benefits, is evident with size increase. The commercial insurance company plan, however, is the most usual plan for all sizes of business providing sickness benefits to employees.

The manufacturing and non-distributable industries provided the greatest coverage for their personnel. Both covered over 70% of their people with sickness benefits. While not approaching this level, the service, mining and agriculture, and trade industry are the three highest in coverage with a range from 22% to 46%. Contract construction, transportation and finance are lowest, all providing coverage of less than 15%. The insurance policy maintains its primacy as the mode of coverage, being challenged only in the wholesale and retail trade group where company funding and employee association plans apply to over half of the covered workers in this industry group.

TABLE 14A

EMPLOYEES ENTITLED TO WEEKLY CASH SICKNESS BENEFITS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, MARCH 15, 1950

		Duration of Benefits								Carrier					
	Total No. Workers In Group	Less than 13 weeks		13 weeks		26 weeks		More than 26 weeks		Insurance Company		Employees Ben. Assoc.		Company	
Industry Group		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Mining & Agriculture	711	-	-	238	33.5	-	-	-	-	238	33.5	-	-	-	-
Construction	5,634	90	1.6	395	7.0	-	-	-	-	485	8.6	-	-	-	-
Manufacturing	110,112	641	.6	35,234	32.0	38,133	34.6	7,235	6.6	76,145	69.2	1,543	1.4	3,555	3.2
Transportation	28,332	-	-	2,236	7.9	95	.3	332	1.2	2,453	8.7	-	-	210	.7
Trade	21,228	908	4.3	3,702	17.4	2,524	11.9	2,753	13.0	4,361	20.5	2,525	11.9	3,001	14.1
Finance	9,348	-	-	478	5.1	52	.6	680	7.3	1,210	12.9	-	-	-	-
Service	4,917	425	8.6	631	12.8	44	.9	-	-	1,100	22.4	-	-	-	-
Non-Distributable	11,057	193	1.7	6,647	60.1	323	2.9	843	7.6	6,924	62.6	-	-	1,082	9.8
TOTAL	191,339	2,257	1.2	49,561	25.9	41,171	21.5	11,843	6.2	92,916	48.6	4,068	2.1	7,848	4.1
Size of Establishment															
Under 100 Workers	22,945	386	1.7	4,120	18.0	804	3.5	245	1.1	5,139	22.4	261	1.1	155	.7
100 - 499	43,026	971	2.3	13,947	32.4	2,449	5.7	1,767	4.1	17,561	40.8	1,118	2.6	455	1.1
500 -1,000	18,476	425	2.3	2,584	14.0	1,697	9.2	2,832	15.3	7,024	38.0	514	2.8	-	-
1,000-5,000	55,627	475	.9	16,967	30.5	13,221	23.8	6,999	12.6	28,249	50.8	2,175	3.9	7,238	13.0
Over 5,000	51,265	-	-	11,943	23.3	23,000	44.9	-	-	34,943	68.2	-	-	-	-
TOTAL	191,339	2,257	1.2	49,561	25.9	41,171	21.5	11,843	6.2	92,916	48.6	4,068	2.1	7,848	4.1

TABLE 14B

EMPLOYEES ENTITLED TO WEEKLY CASH SICKNESS BENEFITS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

Industry Group	Total No. Workers In Group	Duration of Benefits								Carrier					
		Less than 13 weeks		13 weeks		26 weeks		More than 26 weeks		Insurance Company		Employees Ben. Assoc.		Company	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Construction	3,265	90	2.8	219	6.7	-	-	-	-	309	9.5	-	-	-	-
Manufacturing	39,267	501	1.3	11,510	29.3	6,478	16.5	5,145	13.1	18,830	47.9	1,264	3.2	3,540	9.0
Transportation	15,695	-	-	1,758	11.2	95	.6	210	1.3	1,853	11.8	-	-	210	1.3
Trade	14,266	475	3.3	2,285	16.0	2,014	14.1	2,753	19.3	2,420	17.0	2,175	15.2	2,932	20.6
Finance	7,296	-	-	419	5.7	52	.7	119	1.6	590	8.1	-	-	-	-
Service	2,945	425	14.4	459	15.6	-	-	-	-	884	30.0	-	-	-	-
TOTAL	82,734	1,491	1.8	16,650	20.1	8,639	10.4	8,227	9.9	24,886	30.1	3,439	4.2	6,682	8.1
Size of Establishment															
Under 100 Workers	10,304	43	.4	2,197	21.3	431	4.2	245	2.4	2,770	26.9	60	.6	86	.8
100 - 499	27,077	548	2.0	7,797	28.8	1,097	4.1	1,312	4.8	9,624	35.5	690	2.5	440	1.6
500 -1,000	10,335	425	4.1	2,126	20.6	703	6.8	514	5.0	3,254	31.5	514	5.0	-	-
1,000-5,000	27,947	475	1.7	4,530	16.2	6,408	22.9	6,156	22.0	9,238	33.1	2,175	7.8	6,156	22.0
Over 5,000	7,071	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	82,734	1,491	1.8	16,650	20.1	8,639	10.4	8,227	9.9	24,886	30.1	3,439	4.2	6,682	8.1
STATE			1.2%		25.9%		21.5%		6.2%		48.6%		2.1%		4.1%

In general the employees in the more populous areas are more likely to be covered than are those in the less populated areas. Several differences in coverage are interesting. 12.6% fewer employees than the State average of 54.8%, are covered by these plans in Baltimore City. Allegany and Baltimore Counties, on the other hand, exceed the state-wide coverage with coverages of 79.7% and 94.0% respectively. This is due to the influence of several large firms in the case of Allegany County but in Baltimore County all of the size groups except firms employing fewer than 100 workers are high. The high coverage in this county can be traced to be the effect of firms in the manufacturing industry group.

MEDICAL EXPENSE PLANS

A comparatively recent development has been the prepaid hospitalization and medical expenses plans. A Health Insurance Council report[1] estimates that as of December 31, 1948 some 60,000,000 people were covered by prepaid hospitalization plans, 34,000,000, by surgical benefits and 13,000,000 by medical care plans.

The familiar Blue Cross plan provides for full payment (if member occupies a semi-private room in a cooperating hospital) for room, meals, operating room, anaesthesia, medications, dressings, laboratory examinations, x-ray examinations, oxygen, serums and other customary hospital services. If the member occupies a private room he is given a five dollar per day discount on the room rate and a 75% discount on the other services. If the hospital is not a member hospital a flat allowance of six dollars per day is made. In addition, the plan pays the full expense of emergency out-patient service provided that a general anaesthesia is administered or a fracture or dislocation is involved. An allowance of up to fifty dollars is made to certain subscribers as a maternity benefit. Blue Cross, as is true of most plans, does not include payment of physician's and nurse's fees.

The plans offered by commercial insurance companies generally provide for similar payment of hospitalization and hospital expenses. These plans frequently offer additional provisions for the payment of surgical expenses and general medical benefits at home or office. Usually these surgical payments are governed by a table of authorized charges. Typical allowable charges are:

Appendectomy	$100.
Amputation of arm, forearm, hand, leg or foot	50.
Blood transfusion (sometimes limited as to number)	25.
Tonsillectomy	25.
Simple fracture of wrist, hand, ankle or foot	15.
Cutting operation for radical cure of single hernia	50.
Removal of thyroid	150.

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[1] A Survey of Accident and Health Coverage in the United States, Survey Committee of the Health Insurance Council, 1949.

In a comparison of the extent of employee coverage by various benefit plans found in this study with the results of the study conducted by the Research Council for Economic Security, it is found that Maryland compares favorably with the metropolitan areas covered in the other study except for coverage by surgical expense plans, which in Maryland is lower than in the other combined areas. Table 15 shows this comparison. Whereas the study conducted by the Research Council included medical benefits both at the hospital and at home, as a single category, the present study classifies these benefits as separate plans.

TABLE 15

A COMPARISON OF COVERAGES BY MEDICAL EXPENSES PLANS

	% of Employees Covered	
	Maryland Study	Research Council Study
Prepaid Hospitalization Expenses	70.8	70.9
Prepaid Surgical Expenses	29.9	49.0
Prepaid Medical Care Expenses	32.3	8.4

Tables 16A through 16D show the number of employees covered by hospitalization, surgical and general medical benefits plans. The tables also show the medium of coverage, i.e., by commercial insurance companies, company financing, Blue Cross and, in some cases, by employee mutual benefit associations.

The manufacturing, wholesale and retail trade, finance, service and transportation industry groups all show high coverage of employees. All, except transportation, employ the commercial insurance company plan as their chief medium of protection. The transportation industry group shows, in relation to the other groups, extraordinarily high use of company funding. This is not to be taken as an industry wide phenomenon, rather, it is due to the heavily weighted effect of one establishment. Blue Cross coverage is relatively high for all groups save the finance group where it is superceded in importance by the

TABLE 16A

MEDICAL BENEFIT PLANS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT[1]

MARYLAND, MARCH 15, 1950

Industry Group	Total No. Workers In Group	Hospitalization Covered By						Medical Benefits At Hospital			
		Blue Cross		Insurance Company		Company Funding		Insurance Company		Company Funding	
		No.	%	No.	%	No.	%	No.	%	No.	%
Mining & Agriculture	711	32	4.5	308	43.3	-	-	13	1.8	-	-
Construction	5,634	403	7.2	251	4.5	-	-	145	2.6	-	-
Manufacturing	110,112	51,618	46.9	33,750	30.7	459	.4	20,486	18.6	459	.4
Transportation	28,332	13,533	47.8	1,973	7.0	4,868	17.2	1,130	4.0	4,820	17.0
Trade	21,228	6,903	32.5	5,100	24.0	365	1.7	4,680	22.0	365	1.7
Finance	9,348	1,170	12.5	3,014	32.2	56	.6	2,993	32.0	56	.6
Service	4,917	1,043	21.2	1,414	28.8	11	.2	1,132	23.0	-	-
Non-Distributable	11,057	2,537	22.9	5,852	52.9	-	-	5,852	52.9	-	-
TOTAL	191,339	77,239	40.4	51,662	27.0	5,759	3.0[2]	36,431	19.0	5,700	3.0
Size of Establishment											
Under 100	22,945	5,192	22.6	5,020	21.9	405	1.8	3,722	16.2	405	1.8
100 - 499	43,026	11,141	25.9	14,351	33.4	534	1.2	10,140	23.6	475	1.1
500 - 1,000	18,476	3,287	17.8	8,088	43.8	-	-	6,220	33.7	-	-
1,000- 5,000	55,627	22,768	40.9	12,157	21.9	4,820	8.7	9,599	17.3	4,820	8.7
Over 5,000	51,265	34,851	68.0	12,046	23.5	-	-	6,750	13.2	-	-
TOTAL	191,339	77,239	40.4	51,662	27.0	5,759	3.0[2]	36,431	19.0	5,700	3.0

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[1] Not included in this Table are 288 employees covered by Blue Shield plans.

[2] Not included in this Total are 340 employees covered by an Employee's Mutual Benefit Assoc. plan.

TABLE 16B

MEDICAL BENEFIT PLANS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT[1]

MARYLAND, MARCH 15, 1950

Industry Group	Total No. Workers In Group	Surgical Expenses Covered By: Insurance Company No.	%	Company Funding No.	%	General Medical Benefits At Home Or Office Covered By: Insurance Company No.	%	Company Funding No.	%
Mining & Agriculture	711	70	9.8	-	-	238	33.5	-	-
Construction	5,634	145	2.6	-	-	113	2.0	-	-
Manufacturing	110,112	33,243	30.2	594	.5	11,833	10.7	326	.3
Transportation	28,332	1,930	6.8	4,868	17.2	684	2.4	4,820	17.0
Trade	21,228	5,440	25.6	135	.6	1,236	5.8	30	.1
Finance	9,348	3,026	32.4	56	.6	261	2.8	56	.6
Service	4,917	1,445	29.4	11	.2	481	9.8	-	-
Non-Distributable	11,057	5,852	52.9	-	-	-	-	-	-
TOTAL	191,339	51,151	26.7	5,664	3.0[2]	14,846	7.9	5,232	2.7
Size of Establishment									
Under 100	22,945	4,398	19.2	415	1.8	1,820	7.9	167	.7
100 - 499	43,026	14,574	33.9	429	1.0	4,228	9.8	245	.6
500 - 1,000	18,476	7,568	41.0	-	-	2,048	11.1	-	-
1,000 - 5,000	55,627	12,565	22.6	4,820	8.7	-	-	4,820	8.7
Over 5,000	51,265	12,046	23.5	-	-	6,750	13.2	-	-
TOTAL	191,339	51,151	26.7	5,664	3.0[2]	14,846	7.6	5,232	2.7

---

[1] Not included in this Table are 288 employees covered by Blue Shield plans.

[2] Not included in this Total are 340 employees covered by an Employee's Mutual Benefit Assoc. plan.

TABLE 16C

MEDICAL BENEFIT PLANS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

Industry Group	Total No. Workers In Group	Hospitalization Covered By						Medical Benefits At Hospital Covered By			
		Blue Cross		Insurance Company		Company Funding		Insurance Company		Company Funding	
		No.	%	No.	%	No.	%	No.	%	No.	%
Construction	3,265	278	8.5	219	6.7	-	-	113	3.5	-	-
Manufacturing	39,267	16,020	40.8	11,138	2.9	245	.6	6,739	17.2	245	.6
Transportation	15,695	6,692	42.6	1,006	6.4	4,868	31.0	997	6.4	4,820	30.7
Trade	14,266	5,758	40.4	3,289	23.1	80	.6	2,973	20.8	80	.6
Finance	7,296	1,073	14.7	2,025	27.8	56	.8	2,004	27.5	56	.8
Service	2,945	578	19.6	1,062	36.1	-	-	817	27.7	-	-
TOTAL	82,734	30,399	36.7	18,739	22.6	5,249[1]	6.3	13,643	16.5	5,201	6.3
Size of Establishment											
Under 100	10,304	2,698	26.2	2,892	28.1	136	1.3	2,186	21.2	136	1.3
100 - 499	27,077	8,146	30.1	8,495	31.4	293	1.1	5,297	19.6	245	.9
500 - 1,000	10,335	1,365	13.2	3,721	36.0	-	-	3,637	35.2	-	-
1,000- 5,000	27,947	2,879	10.3	3,631	13.0	4,820	17.2	2,523	9.0	4,820	17.2
Over 5,000	7,071	5,311	75.1	-	-	-	-	-	-	-	-
TOTAL	82,734	30,399	36.7	18,739	22.6	5,249[1]	6.3	13,643	16.5	5,201	6.3

1/ Not included in this total are 340 employees covered by an Employee's Mutual Benefit Association plan.

TABLE 16D

MEDICAL BENEFIT PLANS BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, MARCH 15, 1950

Industry Group	Total No. Workers In Group	Surgical Expenses Covered By: Insurance Company No.	%	Company Funding No.	%	General Medical Benefits At Home Or Office Covered By: Insurance Company No.	%	Company Funding No.	%
Construction	3,265	113	3.5	-	-	113	3.5	-	-
Manufacturing	39,267	12,924	32.9	245	.6	1,891	4.8	245	.6
Transportation	15,695	1,036	6.6	4,868	31.0	583	3.7	4,820	30.7
Trade	14,266	3,648	25.6	80	.6	591	4.1	30	.2
Finance	7,296	2,037	27.9	56	.8	237	3.2	56	.8
Service	2,945	1,106	37.6	-	-	367	12.5	-	-
TOTAL	82,734	20,864	25.2	5,249[1]	6.3	3,782	4.6	5,151	6.2
Size of Establishment									
Under 100	10,304	2,692	26.1	136	7.3	1,055	10.2	86	.8
100 - 499	27,077	9,024	33.3	293	1.1	2,243	8.3	245	.9
500 - 1,000	10,335	3,659	35.4	-	-	484	4.7	-	-
1,000 - 5,000	27,947	5,489	19.6	4,820	17.2	-	-	4,820	17.2
Over 5,000	7,071	-	-	-	-	-	-	-	-
TOTAL	82,734	20,864	25.2	5,249[1]	6.3	3,782	4.6	5,151	6.2

1/ Not included in this total are 340 employees covered by an Employee's Mutual Benefit Association plan.

insurance plan. This is to be expected for the insurance companies are represented in this category, however, even in this group, Blue Cross represents approximately one-third of total coverage.

For the State as a whole the percentage of employees covered by Blue Cross increases with size of establishment while in Baltimore City a greater percentage of small size firms employ Blue Cross.

The most complete coverage is found in the provision of hospitalization, which covers about 70% of the employees, while approximately 30% of the employees have surgical benefits, 22% have benefits at the hospital and 10% have general medical benefits.

DISABILITY PENSION PLANS

Pension plans providing for financial aid to workers who become permanently and totally disabled are in force for 31.6% of the employees included in this survey. This type of plan is usually incorporated in the usual pension plan which is designed to become operative at a certain age -- most often at age 65. Pension plans were found to be both contributory and non-contributory.

Table 17 shows the number of employees covered by this kind of pension. There is a marked increase in coverage as the size of establishment increases, ranging from the low of 3.5% for firms employing fewer than 100 workers to 62.6% of workers employed by the largest firms.

No workers in the mining and agriculture group were covered and less than 1% of the contract construction group were provided with this kind of pension. The manufacturing and transportation groups exceeded the state coverage, while the trade, finance and service industries provided from 12% to 16% coverage.

TABLE 17

WORKERS COVERED BY PENSION PLANS WHO BECOME PERMANENTLY AND TOTALLY DISABLED

MARYLAND, MARCH 15, 1950

Industry Group	Total No. Workers In Group	Workers Covered By Plans No.	%
Mining & Agriculture	711	-	-
Construction	5,634	50	.9
Manufacturing	110,112	42,695	38.8
Transportation	28,332	11,925	42.1
Trade	21,228	3,432	16.2
Finance	9,348	1,107	11.8
Service	4,917	686	13.9
Non-Distributable	11,057	650	5.9
TOTAL	191,339	60,545	31.6

Size of Establishment	Total No. Workers In Group	Workers Covered By Plans No.	%
Under 100 Workers	22,945	794	3.5
100 - 499	43,026	5,896	13.7
500 - 1000	18,476	3,253	17.6
1000 - 5000	55,627	17,991	32.3
Over 5000	51,265	32,071	62.6
TOTAL	191,339	60,545	31.6

ABSENTEEISM

As noted in Chapter I, one of the results of instituting an organized industrial medical care program should be a decrease in absenteeism. This survey, however, indicates that there are more days lost per worker per year in the larger firms than in the smaller firms. Yet the larger firms are those with the most advanced medical care program.

Tables 19A and 19B, and written material list the average number of days lost per worker per year because of non-occupational accidents and illnesses during 1949. Because of mechanical limitations imposed by the difficulty of hand tabulation of a large number of replies a system of computing average days lost per worker was developed. The average number of workers in each size and industry group was determined. The product of this average and the number of replying firms is the average number of workers employed by the replying firms. The average days lost per worker is the quotient of total man-days lost divided by the average number of workers employed by the replying firms.

In the State of Maryland an increase in size produces an expected increase in the percentage of plant dispensaries and with the increase in plant dispensaries it is assumed that more enlightened personnel health policies are adopted. This increase in dispensaries does not result in any decrease in average days lost per man. Rather, they increase slightly for all sizes until a small decrease of three-tenths of a day lost per man is shown for firms employing over 5,000 workers. And, in Baltimore City, the increase is even more startling: the days lost ranging from 2.9 days for firms employing under 100 to 6.6 days for firms employing over 5,000. The pattern is the same for the industry group breakdown. There seems to be a definite correlation between the number of dispensaries and the average number of man-days lost. With an increase in the number of dispensaries there is a corresponding increase in the man-days lost and

vice versa. Transportation provides the only exception, having few dispensaries and a great many man-days lost. Plotted on logarithm paper - as an indicator of constant rate of increase - the rate of increase of man-days lost is relatively constant for each size group for Baltimore City while the State and Baltimore County show slight decreases for firms employing more than 5,000 workers.

At first glance these figures may be thought to be heavily weighted in favor of the larger industries, since it may be assumed that the smaller firms keep no records. To test this, three percentages are used as a measurement of the extent to which the data are representative of the total group of industries. Table 18 is an illustration of this test.

TABLE 18

A TEST OF THE VALIDITY OF ABSENTEEISM FIGURES

Industry Group	I % Replying to Questionnaire	II % Replying to Question	III % of Each Industry Group Replying to Question
Mining and agriculture	1	1	22
Contract construction	11	4	14
Manufacturing	41	47	41
Transportation	7	7	37
Wholesale and Retail Trade	23	25	38
Finance	7	7	33
Service	8	8	33
Non-Distributable	1	2	56
Size of Establishment			
Under 100 employees	63	57	33
100 - 499 "	29	31	38
500 - 1,000 "	4	5	46
1,000 - 5,000 "	4	5	52
over 5,000 "	1	2	80

Column I shows the distribution of firms replying to the questionnaire in each group. Column II indicates the distribution of firms replying to the question on man-days lost in each group. Column III is the relationship of the firms replying to the question on man-days lost in each group to the number of firms answering the questionnaire in each group. Undue weighting in any group would be indicated by deviations in these percentages. First, percentages I and II would vary greatly and, second, percentages III would differ radically from each other. In the breakdown by industry groups, only the mining and agriculture, contract construction and non-distributable groups showed significant signs of weighting that is, mining and agriculture and construction were under-represented with only 22% and 14% of the respective industry replying while non-distributable was overweighted slightly with 56% of the group replying. It will be noted that these three groups were the three lowest, in the aggregate, in replies to the question on man-days lost, thus, resulting in unreliable percentages. In the size breakdown the firms employing over 5,000 workers showed some weighting effect since only five firms of this size answered the questionnaire and four, or 80% replied to the question. Thus there are a greater percentage of large firms replying to the man-days lost question than there are large firms in the total return of questionnaire. Slight weighting for the larger firm groups is evident. On the whole, the figures, *per se*, present a reasonably accurate picture of the average number of man-days lost due to non-occupational illness and accident.

Several explanations of this unexpected pattern suggest themselves. It is possible that in the case of the transportation and manufacturing industry groups a policy of forced man-days lost may be prevalent. A worker in these industries who reports with a non-occupational illness or accident may, because of the inherent danger to his fellow workers, be forced to remain away from work

TABLE 19A

AVERAGE NUMBER OF DAYS LOST PER MAN PER YEAR BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

MARYLAND, 1949

Industry Group	Total No. Firms	No Answer	No. Firms Replying	Average No. Employees Per Firm	No. Employees In Reporting Firms	Total Reported Days Lost	Average Days Lost Per Man
Mining & Agriculture	9	7	2	79.0	158.0	726	4.6
Construction	80	69	11	70.4	774.4	780	1.0
Manufacturing	301	178	123	365.8	44993.4	192,129	4.3
Transportation	49	31	18	578.2	10407.6	113,314	10.9
Trade	169	104	65	125.6	8164.0	31,464	3.9
Finance	54	36	18	173.1	3115.8	13,409	4.3
Service	60	40	20	81.9	1638.0	7,458	4.6
Non-Distributable	9	4	5	1228.5	6142.5	42,066	6.8
TOTAL	731	469	262	261.7	68565.4	397,346	5.8
Size of Establishment							
Under 100	460	310	150	49.9	7485.0	18,726	2.5
100 - 499	211	130	81	203.9	16312.0	63,700	3.9
500 - 1,000	28	15	13	659.9	8578.7	33,534	3.9
1,000 - 5,000	27	13	14	2060.3	28844.2	122,256	4.2
Over 5,000	5	1	4	10253	41012.0	159,130	3.9
TOTAL	731	469	262	261.7	68565.4	397,346	5.8

TABLE 19B

AVERAGE NUMBER OF DAYS LOST PER MAN PER YEAR BY INDUSTRY GROUP AND SIZE OF ESTABLISHMENT

BALTIMORE CITY, 1949

Industry Group	Total No. Firms	No Answer	No. Firms Replying	Average No. Employees Per Firm	No. Employees In Reporting Firms	Total Reported Days Lost	Average Days Lost Per Man
Construction	31	28	3	105.3	315.9	549	1.7
Manufacturing	141	78	63	278.5	1,754.5	99,477	5.7
Transportation	24	16	8	654.0	5,232.0	50,744	9.7
Trade	78	53	25	182.9	457.3	23,593	5.2
Finance	31	22	9	235.3	2,117.7	11,752	5.5
Service	23	16	7	128.0	896.0	2,403	2.7
TOTAL	328	213	115	252.2	29,003.0	188,518	6.5
Size of Establishment							
Under 100	165	113	52	62.4	3,244.8	9,270	2.9
100 - 499	130	82	48	208.3	9,998.4	42,488	4.2
500 - 1,000	17	11	6	607.9	3,647.4	14,549	4.0
1,000- 5,000	15	7	8	1,863.1	14,904.8	75,592	5.1
Over 5,000	1	0	1	7,071.0	7,071.0	46,619	6.6
TOTAL	328	213	115	252.2	29,003.0	188,518	6.5

until he has recovered. This could be especially true of the transportation group where the danger involves not only other employees but the public as well. Another possibility is that the increasing health consciousness due to the increase in dispensaries, causes the worker to be more aware of his physical condition and the consequences of neglecting his health. This may lead to more absence from work due to minor illnesses and accidents. The decrease in man-days lost shown for firms employing more than 5,000 workers can be explained, within this scheme of reasoning, as representing the optimum size at which enlightened industrial health practices begin to decrease sickness without decreasing the worker's health consciousness.

A third reason for this variance from the expected is suggested by a panel discussion conducted by the Industrial Hygiene Foundation.[1] Before the panel was presented a report by a member of the Labor Economic Section of the General Motor Corporation. This report presented, among others, two conclusions that are of importance in this subject of absenteeism: 1. ".... stimulation of surgical procedures [by prepaid surgical expense plans] does not seem to improve health ...." and 2. "Full pay for disability plans and plans with short waiting periods [the period between the first day of absenteeism and the start of benefit payments] tend to encourage employed persons to stay at home and nurse minor indispositions. Contrary to the popular conception in this manner, what evidence we have indicates that a large increase in staying at home does not reduce the incidence of serious sickness for the group ...." This report indicates that an undue liberalization of the provisions of medical expense plans tends to increase absenteeism.

---

[1] "Sickness Indemnification," Transactions Series, Bull. No. 1, Industrial Hygiene Foundation, 1944.

CHAPTER III

SUMMARY

This survey indicates that, on the whole, Maryland compares favorably in the quantity of industrial medical care with other areas in the nation. The qualitative aspects of industrial medical care have not been measured for this would require an approach different from that used in this study.

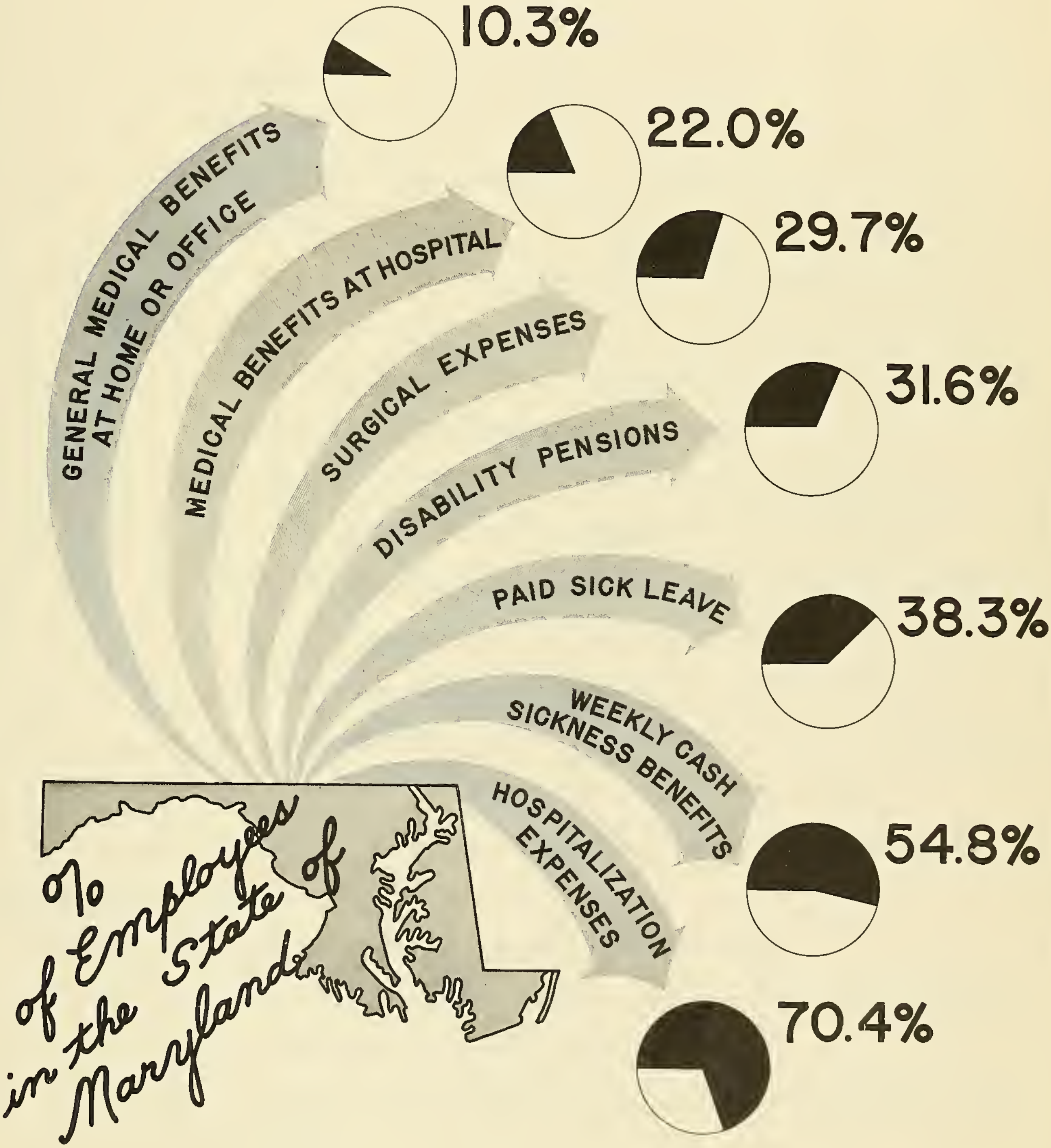
Several generalizations can be made concerning industrial medical care in Maryland:

1. The proportion of industrial medical care facilities is larger in the more populous urban areas than in the less populous semi-rural areas.
2. The same relationship holds true concerning industrial medical care policies.
3. The size of the establishment is a good indication of the extent of industrial medical care likely to be offered.

In particular this survey finds that:

1. 11.5% of the Maryland employers covered in this study maintained a plant dispensary and over 60% of the firms employing more than 500 workers provided dispensary facilities. However, 16.6% of the firms employing 100-499 workers reported this facility, while only 0.9% of the smallest firms indicated that this service was provided.
2. No expenses were incurred for in-plant medical services by 52% of the employers while 19% reported some cost and 8% spent over $1,000 in 1949.
3. Mass x-ray examination of employers is the only community health service in which Maryland employers participated in to any

RELATIVE COVERAGE OF MARYLAND EMPLOYEES BY VARIOUS BENEFIT PLANS AND POLICIES
MARCH 15, 1950



MARYLAND STATE PLANNING COMMISSION

appreciable extent.

4. A low percentage of firms employ health education media. Compared to the cheapness and the ease connected with the use of such media as pamphlets and posters, Maryland employers did not avail themselves of these educational techniques to any extent.
5. A comparison of the results of this study with a survey of twelve metropolitan areas showed that Maryland provided as great a percentage or a greater percentage of its employees with paid sick leave, weekly cash sickness benefits, and prepaid hospitalization and medical care expenses. Only prepaid surgical expenses fell below the level of coverage found in the previous study. Evidence indicated that liberalization of paid sick leave and benefit plans could lead to increased absenteeism.
6. An unexpected pattern of absenteeism due to non-occupational accident or illness is found. As the size of the establishments increases - accompanied by an increase in medical care facilities - the average number of days lost per man per year also increases. No clear cut explanation for this relationship is available.
7. Industries employing seasonal or itinerant labor are those with the lowest percentages of medical care facilities or plans.

As an outgrowth of this study, some possible future studies suggest themselves. Among them are:

1. A qualitative study of industrial medical care
2. The effect of the liberalization of prepaid medical expense plans upon absenteeism and hospital facilities
3. An examination into the causes of the pattern of absenteeism found in this study

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APPENDIX

MARYLAND STATE PLANNING COMMISSION

100 Equitable Building
Baltimore 2, Maryland

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JOHN B. FUNK
WILLIAM L. GALVIN
ROBERT M. REINDOLLAR
ROBERT H. RILEY
THOMAS B. SYMONS
HENRY P. IRR
Chairman

I. Alvin Pasarew
Director

March 31, 1950

INDUSTRIAL MEDICAL CARE SURVEY

In keeping with its responsibilities "to keep under constant survey the medical care and health services available to the citizens of Maryland," the State Planning Commission is initiating at this time a survey of industrial medical care facilities currently available to Maryland employees.

The survey is being undertaken in cooperation with the Brookings Institution, which is conducting a comprehensive investigation of the quantity of medical service present in the Nation and its effectiveness in meeting the medical demands of the people. Because of Maryland's outstanding record in the field of medical care, we have been selected to carry out the "pilot study" of State-wide industrial medical care services.

Since Maryland is the first state to conduct this survey, we are eager to have as complete returns as possible. Please fill out the questionnaire as fully as possible. If you do not provide any or all of the services itemized, please indicate so. It is important to have a reply from you whether you have only one first-aid kit in your establishment or operate a fully equipped company hospital.

Needless to say, the questionnaires will be guarded as confidential. Please feel free to furnish detailed information. Where exact figures are not available, your best estimates will be appreciated. If there are any questions in your mind, or if we can be of further assistance to you in completing the questionnaire, we stand ready to help you at all times.

Would you kindly return one copy of the completed questionnaire at your earliest convenience. We would like very much to receive all questionnaires no later than April 24, 1950. A self-addressed stamped envelope is enclosed for your reply.

Thanking you for your interest and cooperation in this undertaking, I am

Sincerely yours,

I. Alvin Pasarew

I. Alvin Pasarew
Director

CONFIDENTIAL

INDUSTRIAL MEDICAL CARE SURVEY

Maryland State Planning Commission
April 1950

1. Name of Firm --

Address --

Nature of Business ------------------------------------ If manufacturing, specify major products

----

2. Number of employees (as of March 15, 1950, if possible):--

Executives	Male ------	Female ------
Supervisory and nonproduction workers	Male ------	Female ------
Production (hourly and piece-rate workers)	Male ------	Female ------

3. Industrial medical service: First aid kits only ----- Plant dispensary ----- Total number of visits to dispensary in 1949 ----- Nonoccupational visits ----- per cent.

Medical personnel on staff of plant dispensary:

	Physicians	Graduate Nurses	Practical Nurses	Dentists	Technicians
Full-time	---------	--------	--------	-------	----------
Part-time	---------	--------	--------	-------	----------
Call basis	---------	--------	--------	-------	----------
Other (please specify)	---------	--------	--------	-------	----------

Home visits by:	Physician	Nurse	Other (specify)
(number in 1949)	--------	-----	-------------

4. Do you have a company owned and operated hospital (overnight)? ----- Days of hospitalization provided to employees in 1949 at plant hospital ----- Number of employees hospitalized ----- Days of hospitalization provided in company hospital for families of employees ----- Number of family members hospitalized -----

5. If there is no industrial medical service in your company, do you use a group clinic outside the establishment? ----- Do you use any type of contract service? ----- Please explain ------------

----

6. Physical examinations. Please give average number for 1949 in each division:

	Placement	Periodic	Exit
Executives	---------	-------	----
Supervisory and nonproduction workers	---------	-------	----
Production (hourly and piece-rate workers)	---------	-------	----
Those exposed to special hazards	---------	-------	----

7. Cost of in-plant medical service, 1949: $__________
(Exclude workmen's compensation costs, rent, depreciation.)

8. Was there any participation at plant in community health services in 1949?
Mass X-ray _____ Cancer detection _____ RH blood program _____ Visual testing program _____
Dental surveys _____ Syphilis detection by mass Kahn testing _____ Other (specify) _____

9. Health education program: Does your company take advantage of service contacts, such as visits to dispensary or physical examinations, to emphasize health education? _____ Check following educational media used: Personal counseling _____ Group talks _____ Movies _____ Slides _____ Pamphlets _____ Health articles in house organ _____ Posters _____. Specify frequency and subjects covered____

____

10. Does your company give paid sick leave? (If answer is yes, specify.)

	Minimum length of service required	Amount of sick leave earned per year (days)
Supervisory employees	_______________	_________________________
Nonproduction employees	_______________	_________________________
Production employees	_______________	_________________________

11. Is there an established policy or plan in effect for your employees providing:
A. Weekly cash sickness benefits? _____ Maximum benefit period _____ If so, how many employees are covered? _____ Is program carried out through: (1) Insurance company _____ (2) Employees' Mutual Benefit Association _____ (3) Other (specify) _____
B. Hospital, surgical, and medical benefits? _____ (If answer is yes, specify number of employees covered by each plan.)

	Hospitalization	Surgical	Medical benefits at hospital	General medical benefits at home or office
(1) Blue Cross or Blue Shield	_____________	_______	______________	______________
(2) Insurance company	_____________	_______	______________	______________
(3) Company plan	_____________	_______	______________	______________
(4) Collective agreement	_____________	_______	______________	______________
(5) Other (specify)	_____________	_______	______________	______________

12. Total sickness time lost by employees during 1949, exclusive of time compensated by workmen's compensation _____ man-days.

13. Does your company have a pension plan providing benefits for employees who become permanently and totally disabled? _____ If so, how many employees are eligible for these benefits? _____

14. Remarks ____

____

(Please extend remarks, if necessary, on following page.)

Date _____________________

Name ____________________________________

Title ____________________________________

Note: If you have any descriptive material relating to the services reported herein, kindly send copies with the completed questionnaire.

MARYLAND STATE PLANNING COMMISSION

100 Equitable Building
Baltimore 2, Maryland

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Since Maryland is the first state to conduct this survey, we are eager to have as complete returns as possible. Please fill out the questionnaire as fully as possible. If you do not provide any or all of the services itemized, please indicate so. It is important to have a reply from you whether you have only one first-aid kit in your establishment or operate a fully equipped company hospital.

Needless to say, the questionnaires will be guarded as confidential. Please feel free to furnish detailed information. Where exact figures are not available, your best estimates will be appreciated. If there are any questions in your mind, or if we can be of further assistance to you in completing the questionnaire, we stand ready to help you at all times.

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Sincerely yours,

I Alvin Pasarew

I. Alvin Pasarew
Director

CONFIDENTIAL

INDUSTRIAL MEDICAL CARE SURVEY

Maryland State Planning Commission
April 1950

1. Name of Firm ______________________________

   Address ______________________________

   Nature of Business ____________________ If manufacturing, specify major products

   ____

2. Number of employees (as of March 15, 1950, if possible): ____________________

Executives	Male ______	Female ______
Supervisory and nonproduction workers	Male ______	Female ______
Production (hourly and piece-rate workers)	Male ______	Female ______

3. Industrial medical service: First aid kits only _____ Plant dispensary _____ Total number of visits to dispensary in 1949 _____ Nonoccupational visits _____ per cent.

   Medical personnel on staff of plant dispensary:

	Physicians	Graduate Nurses	Practical Nurses	Dentists	Technicians
Full-time	_________	________	________	_______	__________
Part-time	_________	________	________	_______	__________
Call basis	_________	________	________	_______	__________
Other (please specify)	_________	________	________	_______	__________

Home visits by:	Physician	Nurse	Other (specify)
(number in 1949)	________	_____	_____________

4. Do you have a company owned and operated hospital (overnight)? _____ Days of hospitalization provided to employees in 1949 at plant hospital _____ Number of employees hospitalized _____ Days of hospitalization provided in company hospital for families of employees _____ Number of family members hospitalized _____

5. If there is no industrial medical service in your company, do you use a group clinic outside the establishment? _____ Do you use any type of contract service? _____ Please explain ___________

   ____

6. Physical examinations. Please give average number for 1949 in each division:

	Placement	Periodic	Exit
Executives	_________	_______	____
Supervisory and nonproduction workers	_________	_______	____
Production (hourly and piece-rate workers)	_________	_______	____
Those exposed to special hazards	_________	_______	____

7. Cost of in-plant medical service, 1949: $__________
(Exclude workmen's compensation costs, rent, depreciation.)

8. Was there any participation at plant in community health services in 1949?
Mass X-ray _____ Cancer detection _____ RH blood program _____ Visual testing program _____
Dental surveys _____ Syphilis detection by mass Kahn testing _____ Other (specify) _____

9. Health education program: Does your company take advantage of service contacts, such as visits to dispensary or physical examinations, to emphasize health education? _____ Check following educational media used: Personal counseling _____ Group talks _____ Movies _____ Slides _____ Pamphlets _____ Health articles in house organ _____ Posters _____. Specify frequency and subjects covered____

____

10. Does your company give paid sick leave? (If answer is yes, specify.)

	Minimum length of service required	Amount of sick leave earned per year (days)
Supervisory employees	_______________	_________________________
Nonproduction employees	_______________	_________________________
Production employees	_______________	_________________________

11. Is there an established policy or plan in effect for your employees providing:
A. Weekly cash sickness benefits? _____ Maximum benefit period _____ If so, how many employees are covered? _____ Is program carried out through: (1) Insurance company _____ (2) Employees' Mutual Benefit Association _____ (3) Other (specify) _____
B. Hospital, surgical, and medical benefits? _____ (If answer is yes, specify number of employees covered by each plan.)

	Hospitalization	Surgical	Medical benefits at hospital	General medical benefits at home or office
(1) Blue Cross or Blue Shield	_____________	_______	______________	______________
(2) Insurance company	_____________	_______	______________	______________
(3) Company plan	_____________	_______	______________	______________
(4) Collective agreement	_____________	_______	______________	______________
(5) Other (specify)	_____________	_______	______________	______________

12. Total sickness time lost by employees during 1949, exclusive of time compensated by workmen's compensation _____ man-days.

13. Does your company have a pension plan providing benefits for employees who become permanently and totally disabled? _____ If so, how many employees are eligible for these benefits? _____

14. Remarks ____

____

(Please extend remarks, if necessary, on following page.)

Date ____________________

Name ____________________________________

Title ____________________________________

Note: If you have any descriptive material relating to the services reported herein, kindly send copies with the completed questionnaire.

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